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SOCIAL WORKER WELLBEING: A LARGE MIXED-METHODS STUDY

ABSTRACT

Social workers play a vital role in maintaining and improving the lives of the service users that they work with. Despite this, the role is replete with high levels of stress-related sickness absence, turnover intentions, and low levels of jobs satisfaction in addition to poor working conditions. This study sought to further investigate working conditions in UK social workers, as well as the reasons for these working conditions via a mixed-methods survey and interview study. 3,421 responses were gained from the cross-sectional survey which looked at working conditions, perceived stress, job satisfaction, and turnover intentions (both migration and attrition), with the semi structured interview schedule (n = 15) based on survey findings and analysed via thematic analysis continuing through to saturation. Similar to 2018, results demonstrated poor working conditions, irrespective of job role, and regression analysis suggested each of demands, control, managerial support, role and change influenced stress. Qualitative results found that workload, lack of managerial support, and service user/family abuse were distinct demands associated with the role, whereas buffering positive resources were: the social work role, peer support, and positive managerial support. Implications for managerial practice, and harnessing the positive experience of peer support, are discussed.

Key Words: working conditions, mixed methods, stress, well-being

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CHRONIC WORKPLACE STRESS AND BURNOUT

Chronic stress in the workplace can have deleterious effects on employee wellbeing, work performance, and subsequently influence service users and clients (Flowers *et al.*, 2005). Indeed, chronic workplace stress has been shown to be related to the development of metabolic syndrome, a risk factor for the development for health complaints such as type 2 diabetes (Chandola *et al.*, 2006). Similarly, the Whitehall-II studies (Marmot *et al.*, 1991) demonstrated that chronic work stress is also a risk factor for the development of health conditions which make employees more likely to develop cardiovascular disease, and the InterHEART studies (Rosengren *et al.*, 2004) found that chronic work stress was as much of a risk factor for developing cardiovascular disease as widely accepted dangers such as high blood pressure and smoking.

Stress therefore affects individuals and has knock-on effects on the organisation. The United Kingdom (UK) Health and Safety Executive (HSE, 2018) suggest that over 15 million working days were lost in 2017/18 due to workplace stress, anxiety and depression, accounting for 57% of all health-related days lost. Indeed, stress is the number one cause of long-term sickness absence (lasting 4 weeks or more), and number two behind colds/flu in short term absences (Chartered Institute of Personnel Development, 2019). Social workers play a vital role in the very fabric of society, working with vulnerable adults, children, and families, and is widely regarded as one of the most stressful occupations in the UK (HSE, 2018). Persistently poor levels of chronic workplace stress therefore has the potential to not only influence individual social workers and employers, but also the service users that they work with (Ravalier, 2019).

A growing body of literature on social work and burnout has demonstrated the profession's concerns around retention and turnover including concerns around inexperience in child protection teams in particular (Healy *et al.*, 2009). This has led to a focus on workforce resilience and the role of organizational factors have received attention (McFadden *et al.*, 2015). Literature examines the individual and organizational context for social workers but also shows that turnover is not always an inevitable outcome for workers, with many opting to remain in the profession. We therefore are urged to examine the organizational context for social work retention, including factors identified that could influence workers to remain and maintain resilience and workforce retention (Webb and Carpenter, 2012).

STRESS, BURNOUT, AND ORGANISATIONAL OUTCOMES

In addition to sickness absence, chronic workplace stress can also have various outcomes on both individuals and organisations and critically, can also impact on service users. Turnover and absence means repeated change of social workers, interrupting the potential for relationship formation and risks service users losing trust in the service and the worker alliance (Gibbs, 2009). Flowers *et al.*, 2005) found that children with more than one social worker were almost 60% less likely to find a permanent placement. Therefore, the risk of work-related stress and burnout can impact significantly on the quality of service delivered to those most in need within society. The first wave of a Department of Education longitudinal study on child protection workers in England, reports that almost half of the social workers in the study reported feeling job related stress associated with high workload

and excessive role demands (Johnston *et al.*, 2019). Concerns about social worker wellbeing is not purely a UK concern. Writing from an Australian perspective, Healy *et al.*, (2009) highlighted the low level of worker experience in child protection teams as concerning, and a direct result of workforce turnover and job exit. Vacancies are often the result of undesired turnover, which is at the root of concerns about workforce instability in social work. In a US study, an important longitudinal examination of turnover and retention in child welfare, found that supervisor support can enable workers to remain, and decrease the risk of job exit by 42%. This percentage increased by a further 4% for each year above the sample's average age of 36 years (Dickenson and Painter, 2009). Moreover, Burns and Christie (2013) did not find evidence of turnover in all employment contexts. These authors found retention rates of 72%, between 2005-2010 in five Irish child protection teams with turnover rates varying from 8-11% in the same period. While research provides some critical insights, messages are not always consistent. It is therefore necessary to simultaneously understand that turnover can also be positive, with people leaving jobs for positive reasons such as career development, as opposed to stress or burnout. Similarly, retention can be unwanted, with people remaining in a job due to a lack of alternatives (Smith, 2005). The term regularly applied in this context is 'presenteeism' whereby individuals continue working despite being so ill that they should take time off work, risking suboptimal practice with negative consequences for themselves, the organization and service users (Ravalier, 2019).

MODELS OF WORK STRESS AND BURNOUT

The job demands-resources (JDR) model of occupational stress (Bakker *et al.*, 2003) suggests that working conditions can be categorised as either demands or resources. Demands, which add either physical or psychological load to the individual, are conditions which contribute employee experience of stress and are therefore potentially deleterious to wellbeing. Examples include qualitative and quantitative workload and task variability, although it is accepted that both demands and resources are wide-ranging characteristics (Minnotte, 2016). Alternatively, resources such as support from colleagues and managers and development opportunities can buffer against the negative effects of demands. Should demands out-weigh the resources available to individuals over a chronic period then stress-related sickness absence (Schaufeli *et al.*, 2009), and other outcomes such as dissatisfaction and burnout (Schaufeli and Bakker, 2004) may occur.

In 2004, the UK HSE released the management standards (MS) approach to help organisations better manage psychosocial working conditions (also described as working conditions) and relatedly occupational stress (Cousins *et al.*, 2004). The MS argue that should these working conditions be maintained at a positive level, then positive employee-related outcomes such as improved satisfaction and turnover intentions may occur (Cousins *et al.*, 2004). However, should these conditions exist at chronically poor levels, then negative employee (and subsequently organisation) outcomes can occur. Burnout has been recently included by the World Health Organization in the 11th revision of the International Classification of Diseases as an 'occupational phenomenon' and not a 'health condition'. It is defined as:

‘a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.’ (WHO, 2019)

The definition expands to include three domains of burnout that aligns with the original definition of burnout by Maslach and Jackson (1986) and refers to energy depletion (emotional exhaustion), mental distance from work including feeling negative or cynical about the job (depersonalisation) and reduced professional efficacy (reduced personal accomplishment). Based on growing concern about burnout, the World Health Organization has announced plans to develop evidence-based guidance on mental well-being in the workplace (WHO, 2019).

This is a welcome development as burnout has not previously been given this level of attention, with focus previously based on work related stress. Following a review of the literature, the MS suggest seven psychosocial hazards in particular: demands, control, managerial support/peer support, relationships, role understanding, and change communication (Cousins *et al.*, 2004). Alongside this model, the HSE also released a survey tool – the Management Standards Indicator Tool (MSIT) – which organisations can use to assess these seven working conditions among their staff. The MSIT has now been used extensively with both public and private sector organisations across the UK such as the police (Houdmont, 2012), teachers (Ravalier and Walsh, 2018), and social workers (Ravalier, 2019). However, working conditions using the MSIT have never been used alongside qualitative methods to more deeply investigate working conditions and associated outcomes in social workers.

This study, a follow-up from Ravalier (2019), presents a large mixed-methods study investigating working conditions and social worker wellbeing. By gaining an understanding of these difficulties, we can begin to develop methods of improvement for UK social workers.

METHODS

PARTICIPANTS AND METHODS

This project used a mixed-methods design which consisted of a UK-wide survey and series of individual semi-structured interviews. Data were collected from members of two British social work organisations who subsequently had no influence on the study. Members were sent a bespoke email designed by Author 1 containing a link to the 'onlinesurveys.ac.uk' link in August 2018, with a reminder email sent two weeks later and the survey data collector closed one week following. The end of the email asked respondents to contact Author 3 if they were interested in a follow-up one-to-one interview. 3,421 survey responses were gained, and 18 follow-up interviews were conducted. The project was approved by the Bath Spa University, School of Sciences research ethics board.

Table 1 shows the demographic breakdown of survey respondents (interviewees were not asked demographic information in order to maintain anonymity). The majority of respondents identified as either children and family (57.1%) or adult (17.1%) social workers, with the next most common being mental health social workers (3.8%). The majority of respondents were based in England (2,828, 83%) and Scotland (301, 8.8%), with 168 respondents in Wales (4.9%) and 110 in Ireland (3.2%).

TABLE 1 ABOUT HERE

In order to gain the largest response rate possible, we took an online survey approach for the quantitative data collection. These approaches allowed the quick and efficient collection and analysis of large amounts of survey data while ensuring participant anonymity and confidentiality. We followed up with semi-structured interviews in order to gain a more in-depth understanding of the findings from the survey. This in-depth approach therefore allowed the research team to understand the social experience of the individual responses, with the semi-structured nature meaning elaboration both on the outcomes of the surveys and individual experience (Dearnley, 2005).

MATERIALS

Quantitative Measures

Validated, freely available survey tools were used in the quantitative element of the project to measure working conditions, perceived stress, job satisfaction, presenteeism, and attrition. Building on the results of Ravalier (2019), tools were also designed to measure migration (i.e. moving jobs but staying in social work) and prevalence of negative service user behaviour respectively.

Working conditions were measured using the 25-item, short-form version of the Management Standards Indicator Tool (MSIT), a valid and reliable measure which has been used across a variety of organisational types. Responses are given on a 5-point Likert scale from '[1] never' to '[5] always' for the first 15 questions, and '[1] strongly disagree' to '[5] strongly agree' for the remaining 10. Benchmark scoring is available to compare scoring versus UK norms (Edwards and Webster, 2012).

Perceived stress was measured using the four-item version of the Perceived Stress Scale (PSS), a valid and reliable measure of life stressor appraisal (Cohen *et al.*, 1983). The PSS is answered on a five-point Likert scale from '[0] never' to '[4] very often'.

Job satisfaction was assessed using a global single-item measure, which has been argued to be as reliable as multi-item measures (Dolbier *et al.*, 2005). The question asked was 'Taking everything into consideration, how do you feel about your job as a whole?', with five-point Likert scale responses from '[1] extremely dissatisfied' to '[5] extremely satisfied'.

Turnover migration and attrition were each measured by single-item measures in order to differentiate between the two, each with 'yes' or 'no' answering. Migration was measured via the question, 'Are you considering leaving your current job?', and attrition by 'Are you considering leaving the social work profession as a whole?'. If either answer was 'yes', a follow up question of 'If yes, how long in months and years do you see yourself staying' was asked.

Finally, *service user behaviour* was measured via three newly-designed, single-item measures based on (Ravalier and Walsh, 2018) work with teachers in the UK. We asked about the prevalence of negative service user and familial behaviour toward respondents both online and in person, with the answer provided on a 6-point Likert scale from '[1] never' to '[6] daily'. The statements rated were: 'I am subject to derogatory words from service users and/or their family online', 'I am subject to derogatory words from service users and/or their family in person', and 'I am subject to derogatory, aggressive, or violent behaviour from service users and/or their family in person'. Having been based on previous research with teachers [removed for anonymity], validity of the single-item frequency measures is assured.

Qualitative Questions

As an iterative approach to this mixed-methods study was taken, interview questions were based on the results of the survey, in addition to asking respondents to share their own work difficulties. The interview schedule therefore began with introductions and an explanation of ethical considerations, followed by asking respondents to describe and discuss the good and difficult parts of their job as a social worker. Following this, we asked about the particularly poor and positive findings of the survey, asking questions about demands/workload, peer and management support/relationships, change communication, and work practices/autonomy. All interviews were conducted over the phone and audio recorded. Interviews lasted on average 40 minutes, 30 seconds.

ANALYTICAL STRATEGY

Quantitative data were analysed using descriptive statistics for comparison against benchmarks, and multivariate regression using IBM SPSS 22.0 (IBM Corp.) in order to determine the influence of working conditions and service user behaviour on outcome measures (perceived stress, satisfaction, migration, attrition, and sickness absence).

Iterative rounds of data collection and analysis were conducted with qualitative data in order to allow researchers to focus on emerging points of interest, with data collection ceased upon reaching saturation. Data were analysed using thematic analysis (TA; Braun

and Clarke, 2006) using NVIVO 10 data management software (QSR International). A 'theoretical' approach to TA was taken because of the already-existing theoretical and empirical themes on which questioning was based. Coding was therefore closely related to the research aims and the MS approach, thus mapping themes to aims (Braun and Clarke, 2006) in a manner similar to Ravalier (2019). In order to try and maintain objectivity, all authors collected data and Author 1 analysed, with the others then checking coding. Disagreements were discussed before decisions made. Analysis followed the six steps outlined by Braun and Clarke (2006).

RESULTS

QUANTITATIVE RESULTS

Table 2 demonstrates mean and percentile scoring on each of the seven MSIT variables. Compared to norm scoring from Edwards and Webster (2012), scoring on all of the seven MSIT factors was in the bottom 25th percentile, and all but peer support scored in the 10th percentile or below. This means that six of the seven working conditions score worse than 90% of those in the benchmark sample.

TABLE 2 ABOUT HERE

Descriptive results (Table 3) for each of the outcomes measured in the project (stress, job satisfaction, turnover intentions, and service user behaviour) also demonstrate poor levels for each. Warttig *et al.* (2013) demonstrated that the English average scoring on the PSS-4 was 6.11. Our sample demonstrated much higher scoring than this irrespective of job role, although findings were all still within one standard deviation of the English mean. Also, over 50% of respondents (and nearly 60% in children's services) were dissatisfied in the roles. Unlike Ravalier (2019), the present study measured both migration (i.e. moving jobs but staying in social work) and attrition (leaving social work altogether) intentions. Migration statistics suggest that over 60% of social workers were looking to leave their current role (but stay within the social work field) within the next 20 months on average, while over one third were looking to leave social work altogether in less than a year. Lastly, it would appear that social workers (irrespective of particular role) are exposed to negative behaviours from service users and/or their families on a regular basis. Indeed, 28% of all respondents feel they had been exposed to negative behaviours online, 64% had been exposed to negative words in person, and over 40% exposed to negative behaviours at least once in the last month. Once again, child/family social workers are exposed to the greatest frequency of these behaviours of the job roles measured.

TABLE 3 ABOUT HERE

We also performed a series of regression analyses looking at the influence of working conditions on stress, satisfaction, migration, and attrition. Interestingly, despite including service user/family behaviour in these models as factors, in none of the regression models did they significantly influence the outcome measure. The regression model for stress (Table 4) was significant ($p < .001$) and accounted for 28% of the variance in the model. Each of demands, control, managerial support, role and change significantly influence PSS-4 scoring.

TABLE 4 ABOUT HERE

Table 5 depicts the findings of the regression analyses for the remaining outcome measures: satisfaction, migration, and attrition. Each of these regression models were significant with a p value of $< .001$, accounting for 42%, 25% and 12% of the variance respectively. In each model both demands and managerial support significantly influenced outcome measures. Satisfaction and attrition measures were both also significantly influenced by control and peer support, while 'role' understanding also played a part in each of satisfaction and

migration. The final MSIT variables to significantly influence satisfaction and migration were change and relationships respectively (all $p < .001$).

TABLE 5 ABOUT HERE

QUALITATIVE RESULTS

Fifteen interviews were conducted with social workers based across the UK. All were child and family social workers, with iterative rounds of data collection and analysis continuing through to saturation point where no new themes emerged (Guest *et al.*, 2006). Table 6 outlines the key demands and resources in the study.

TABLE 6 ABOUT HERE

Key Demands for Social Workers

It was clear from the interviews that there were a number of demands which had a negative impact on the role of social workers.

Internal Demands

'Internal demands' were those categorised as pressures which were most likely to be experienced within the context of the social care team or office environment.

Staff Retention and Absence

Of pertinence was staff retention and absence induced by stress and burnout, a consequential factor from high levels of work-related pressures.

SW10: There is a large turnover of staff a lot of burnout. I've been an agency social worker as well in child protection, where a social worker is expected to do an adoption report that takes place over a weekend to go to court Monday morning. It's those unbelievable pressures that just crush people.

Moreover, having stress-related absence from work or time off was perceived to leave an enduring reputation or stigma attached to the individual social worker:

SW7: The problem being is the stigma is there. It sticks with it. If you take any stress related illness off, it stays with you on your record. Unfortunately, it's viewed as a negative.

Repetitive Administrative Duties

In addition, large amounts of often repetitive administrative duties were described by participants as being a significant source of pressure impeding or restricting social workers ability to carry out their role. Despite the large quantity of admin being burdensome, the demand was further exaggerated through lengthy paperwork and complex IT systems.

SW8: Care plans, risk assessments, data entry, your time predominantly is spent at least 80% if not more of your time, your valuable time is spent in the office sat in the desk. For me, that is a huge downside to the role.

Lack of Management Support

Also described by some participants was a feeling of a lack of support from their managers. In an extreme case described by one participant, this lack of support manifested in workplace bullying which required a whistleblowing intervention. However, more commonly described by participants was a sense of there being a lack of support and backing from managers.

SW5: I was caught between different forces within the Local Authority and the Mental Health Trust. I remember taking it [case] to a meeting of quite senior managers, trying to get support for what felt like a rock and a hard place situation and I really wasn't supported by the managers. Lack of compassion, and lack of understanding is what it felt like for me.

External Demands

In contrast, 'external demands' were those that originate from outside of the office environment, yet have a detrimental impact on the social worker's role.

Abuse from Service Users and Their Families

Poignantly, receiving abuse from service users and their families was commonly reported by participants. While social workers described this often to be service users using the social workers as a means to vent frustration about the situation currently being experienced, receiving abuse was inferred to be a key cause of workplace demands.

SW7: I have suffered more emotional abuse from the families (than service users). From the families, there's a context usually and that context is usually about their fears and things.

Reduction in Service User Resources

Most notably, a significant reduction in service user resources to which social workers could signpost and refer cases towards, clearly added to workplace demands.

SW10: There's a shaving-off of resource in terms of what's available and what support can be found really. I think there is less resource to choose from and there is more waiting list in terms of these basic things like advocacy. That's a huge independent support for service users that really is simply not there.

Resources for Social Workers

A Rewarding Role

The rewarding nature of the role was the strongest source of emotional support in this sample. Indeed, all respondents described this as the most important element of their job, and at times that it kept them within their role.

Making a Difference to Service Users and their Families

Making a positive difference to the lives of children and families was therefore a distinctly rewarding and positive experience.

SW8: I know it sounds a cliché, but truly make a difference in the sense of moving that person on from a particularly difficult stressful situation to a more comfortable, better situation with more hope and optimism [...]. People

remember you more or less forever, for what you've done to help them out in that situation.

Mentoring Junior Colleagues

The space and ability to mentor junior colleagues was also a positive of the social workers' role. Subsequently, participants thrive on providing training opportunities and assisting with the development of their peers.

SW9: I've got one who came in recently, her interview wasn't particularly, she scraped into getting a job and I was a bit worried about her-- anyway, came and started and she was all very unconfident. Now my second session with her, she came in bouncing in a little Tigger, "I know what it's all about now. I've got it." She was so excited and passionate about how she'd managed to change some stuff in a child's life. I think, "Yes. That is a wow moment". I'm lucky I'm in a job that has wow moments.

Peer Support

In a similar vein, participants outlined the benefit for self-development through peer support by attending group meetings or forums. Held on a frequent basis, these sessions were perceived to be a real strength for social workers due to offering a platform whereby social workers can discuss particular cases, and importantly, gain support and guidance from trusted colleagues.

SW11: Social work forum is so therapeutic because you get that opportunity to share for a couple of hours with other social workers [...] Sometimes we talk about cases if someone's got a case where they're quite stuck then we'll talk about that. Sometimes it's just about having a good old chat about what's going on in the different teams and some of the issues they're facing as social workers in that setting.

Management Support

Lastly, participants inferred that a key resource for their social work role was the perceived level of support gained from their management. Of pertinence was feeling that managers were invested in the professional/career development of individuals. Moreover, that there was a clear sense of social workers feeling cared for and supported on a personal level.

SW9: I have a fantastic manager [...] He allows you to be creative and innovative but he also gives you the boundaries to say, "Fantastic, actually yes, you're doing too much at the moment. Work out how you're going to do it differently." I think that's a real positive because I think what happens in social work is that we come in very creative and very bouncy and we want to change the world and then sometimes we don't have a manager who helps us foster and guide us through the path of political, local authority stuff and then we get disillusioned.

DISCUSSION

The aim of this study was to investigate working conditions and wellbeing in social work using a large, in-depth mixed methods approach. The quantitative findings demonstrated that key demands, according to the JDR (working conditions which contribute to employee stress), were identified within five of the HSE key workplaces stressors (demands, control, managerial support, role and change). Through further analysis of our qualitative interview data, three of these stressors (demands, managerial support and role) were similarly reinforced as key sources of occupational stress within our sample. Interview participants outlined key internal demands/stressors around absenteeism, burnout, managerial support and administrative tasks. Similarly, external stressors were described by participants as a lack of service user resources, and importantly, receiving abuse or negative behaviour from service users. This reinforces our survey data which found that 64% of respondents had been exposed to negative behaviour or abuse from service users and their families. As such, it is clear from our findings that social work is one of the most stressful areas of employment in the UK as underpinned by the HSE management standards. Indeed, there is a clear need to limit these stressors on social workers in the drive to reduce stress-related physical health complaints such as diabetes (Marmot *et al.*, 1991) and cardiovascular diseases (Rosengren *et al.*, 2004). Moreover, creating an organisational focus on staff wellbeing through mitigating workplace stress can limit organisational issues such as burnout, resilience and employee retention (Webb and Carpenter, 2012). This, in turn, is recognised to have a positive impact on the service provided by social workers to their users (Gibbs, 2009).

Importantly, our findings have demonstrated that stress levels for social workers in the UK are worse than previously reported, regardless of job role (Warttig *et al.*, 2013). Left untreated, these ~~known~~ stressors are recognised to contribute to the likelihood of social workers to experience burnout and likely migration from their role (Edwards and Webster, 2012). ~~Indeed, o~~ Our findings highlight that over 50% of respondents (and nearly 60% in children's services) were dissatisfied in their roles, with migration data suggesting that over 60% of social workers were looking to leave their current role (but stay within the social work field) within the next 20 months on average. This is a startling finding when considering the large number of unfulfilled social work vacancies and use of agency workers (approximately 5000 of each; Department for Education, 2019). It is therefore clear from our findings that the known stressors and demands of being a social worker have a collective negative impact upon the role, thus ultimately impeding the quality of service provided by the organisation for its users. Further demands include large numbers of social workers experiencing regular detrimental words and behaviour from service users in person, and over a quarter regularly experiencing so online.

In contrast, resources (work-based opportunities which buffer against the negativity of demands) were identified throughout our qualitative findings. Interestingly, whilst managerial support was suggested as a key demand and source of stress within the survey, our qualitative data also highlighted that for some participants, appropriate managerial/peer support could actually be a resource or buffer to reducing workplace stress. Similarly, an additional resource identified solely from our qualitative data emphasised that the role of being a social worker could buffer against some of the demands and stresses of the job.

Further individual recognition and reward for social workers and more public recognition of the impact made by social workers could help to promote positive perceptions of the role and reconnect to a sense of purpose and efficacy. Furthermore, providing mentorship and training opportunities for peers was deemed a positive element of the social worker role, and therefore valued by participants. Such resources may therefore incentivise social workers to remain in the profession and thus maintain workforce retention in the organisation (Schaufeli and Bakker, 2004; McFadden et al., 2018).

Strengths and limitations

A clear strength from this study was the large national survey which had a sample of 3,421 participants. Furthermore, our survey comprised of robust measures which have been well used in similar studies due to their evidenced validity. In contrast, our interview data is based on a relatively small sample of just fifteen participants. Whilst this makes it challenging to create in-depth theoretical insights to the qualitative data, ~~it has been possible to use~~ these participant's experiences have illustrated and framed data collected from the national survey. As such, a strength of this element of the study is that the qualitative data enabled the research team to undertake a thorough and rigorous analysis of data, whilst also providing a form of triangulation. Moreover, to the best of our knowledge, this is the first study to have used qualitative methods alongside the MSIT to investigate working conditions for social workers. However, the study was cross-sectional and only represented a small percentage of the social work population, meaning generalisation is difficult. The response rate is also difficult to calculate and affects the validity of the findings. Furthermore, demographic data relating to race, gender, and disability were not collected, meaning we have no understanding of the influence of these important factors on social worker outcomes.

Implications

Our findings have highlighted some valuable insights regarding workplace stress and wellbeing for UK social workers. Of paramountcy, social work is one of the most stressful areas of employment in the UK. It is therefore clear that the biggest implication of this study is to highlight a need for organisations to limit and reduce known stressors for social work employees. In practice, organisations must develop strategies which specifically focus on reducing known sources of stress which impede wellbeing in their workforce. Our findings have outlined that a significant proportion of our sample are at risk of burnout and subsequently considering migration from the profession. This would not only create detrimental effects to organisational workforce (at a time when recruitment already poses a challenge), but also directly impede the service quality and provision received by users. As such, the demands associated with the social work role (workload and managerial support in particular) need to be addressed and improved to prevent burnout, experienced social workers leaving the profession, and both physical and psychological sickness absence. This is particularly significant due to workforce ageing and government policy to extend working lives, as in order to do so healthily, working conditions of social workers needs critical attention and review (McFadden et al., 2020).

In a more positive light, our findings suggest that there are a number of 'resources' associated with being a social worker. It would therefore be valuable to ensure that these strengths are nurtured within the workforce. For example, managerial/peer support has been acknowledged as valuable by social workers. Therefore, it is prudent that resources which

have been identified to buffer against workplace stresses, are nurtured and supported by organisations and respective management.

Future Research

Socio and political changes in society, neo-liberal government policy including welfare cuts and reforms, underpin modern challenges and critical concerns for social workers. Changes to social policies, have a direct and harsh impact on the most vulnerable individuals and groups in society as well as social workers themselves (Garett 2014; Pentaraki, 2017). Social work has a significant role in intervening in people's lives during these critical times, however, in order to do this with energy and empathy, workers need to be supported to avoid burnout risk. This study supports a growing body of research that highlights social work as a profession that is challenged and is at risk of reaching breaking point. Policy makers, employers and regulators have a duty to intervene to ensure workforce sustainability into the future, and to ensure the trajectory for the profession is not on a continued downward spiral. While this study has clearly identified that stress and wellbeing are of the utmost concern for UK social workers, it lacks postulation of actionable solutions which may attend to the sources of stress that are identified. The changes required, however, are within the grasp of government and policy makers. Therefore, future research investigating potential solutions to reduce workplace stress for social workers, and subsequently improve wellbeing, is a priority. To have a sustainable workforce into the future a critical examination of all these areas is urgently needed.

Researcher Reflexivity

Reflexivity in qualitative research is an important consideration because the thoughts, expertise and experiences of researchers can influence both data collection and analysis with a study (Patnaik, 2013). Providing a reflexive analysis of these individual considerations can therefore improve the 'validity' (or trustworthiness) of qualitative research (Cho and Trent, 2006). The five authors of this project are all academics (four psychologists, one social work), and collectively share both either theoretical and/or practitioner knowledge of working conditions, burnout, and stress at work. In order to take into account this pre-existing knowledge, we took a theoretically-driven approach to TA, although we acknowledge that this previous experience can influence both questions asked in interviews and themes emerging from analysis (Braun and Clarke, 2006). To combat against these potential influences, the interviews were semi-structured in nature and questions were open-ended, so there was a theoretically-orientated interview schedule which was adhered to but could also be diverged away from at times, and questions were designed to enable participants to provide in-depth responses. Participant voice, therefore, was central to the emerging themes found in the data. Furthermore, Author 1 conducted all analysis with checking from the rest of the research team for inter-rater reliability, again mitigating against some of the potential issues. Van Manen (1997 p. 196) refers to the risk of researchers submerging in the world of the participants and being influenced by a consequential adjustment in perspective, which might impact on the interpretation of 'meaning' related to participants lived experience. In consideration of Van Manen's (1997) caution, the lead author ensured that the analysis and quality checking process was concurrent during the data collection phase, which reflection as an ongoing process. This was helpful in providing a space for critical interpretation of themes and cross-checking the main messages emerging from the data, and common themes shared across and between interviews and interviewers.

Conclusion

Social workers in the UK are experiencing higher levels of work-related stress than ever before. Sources of stress are varied but all contribute towards an increased likelihood for burnout and subsequent profession migration. It is of vital importance that organisations begin to recognise high stress levels for social workers and start to implement corrective strategies to sustain a healthier and sustainable workforce into the future.

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Table 1: demographic breakdown of survey respondents.

	Mean Age (SD)	Gender		Median Role Experience
		Male	Female	
All respondents (n = 3421)	40.64 (10.9)	384 (11.2%)	3031 (88.5%)	8-10 years
Child & Family (n = 1953)	38.72 (10.5)	181 (9.2%)	1776 (90.7%)	5-8 years
Adult (n = 586)	41.72 (10.7)	80 (13.6%)	506 (86.1%)	8-10 years
Mental Health (n = 130)	42.34 (11.3)	15 (11.5)	113 (86.9%)	8-10 years
Other (n = 747)	44.98 (11.8)	108 (14.5%)	636 (85.1%)	8-10 years

Table 2: Mean (SD) and percentile scoring on MSIT factors.

	Demands (SD)	Control (SD)	Managerial Support (SD)	Peer Support (SD)	Relationships (SD)	Role (SD)	Change (SD)
All Respondents (Percentile)	2.29 (.83) <5 th	2.96 (.82) 5 th	3.18 (.93) 10 th	3.77 (.72) 25 th	3.81 (.89) 5 th	3.72 (.81) <5 th	2.44 (.85) <5 th
Child & Family (Percentile)	2.11 (.77) <5 th	2.87 (.78) <5 th	3.19 (.92) 10 th	3.78 (.69) 25 th	3.76 (.88) 5 th	3.74 (.79) 5 th	2.43 (.83) <5 th
Adult (Percentile)	2.52 (.84) <5 th	3.02 (.79) 5 th	3.15 (.93) 10 th	3.85 (.71) 50 th	3.90 (.88) 5 th	3.62 (.81) <5 th	2.36 (.87) <5 th
Mental Health (Percentile)	2.46 (.83) <5 th	3.05 (.84) 5 th	3.16 (.99) 10 th	3.70 (.76) 25 th	3.79 (.86) 5 th	3.52 (.78) <5 th	2.31 (.81) <5 th
Other (Percentile)	2.54 (.89) <5 th	3.13 (.88) 10 th	3.18 (.98) 10 th	3.70 (.76) 25 th	3.88 (.91) 5 th	3.79 (.85) 5 th	2.31(.81) <5 th

Table 3: Descriptive statistics for PSS, satisfaction, migration, attrition, and service user behaviour.

		All Respondents	Child & Family	Adult	Mental Health	Other
Mean Perceived Stress (SD)		8.54 (3.06)	8.70 (3.04)	8.72 (3.03)	8.06 (2.75)	8.04 (3.11)
Job Satisfaction		41.9%	40.8%	39.5%	41.1%	46.9%
Migration	%	60.5%	62.0%	60.6%	62.3%	54.2%
	Mean Length	1 year, 8 months	9.7 months	10.9 months	11.6 months	11.5 months
Attrition	%	37.6%	37.3%	41.3%	36.2%	35.1%
	Mean Length	11 months	18.9 months	21.8 months	18.3 months	33.9 months
Service User Behaviour	Online (%)	28.2%	29.9%	28.6%	26.9%	23.9%
	In Person Words (%)	64.5%	72.9%	54.4%	62.3%	50.9%
	In Person Behaviour (%)	42.7%	50.7%	29.1%	36.5%	33.5%

Table 4: Regression analyses of the influence of working conditions and service user behaviour on perceived stress.

Outcome	Significantly Related Factors	Coefficient Estimate (B)	t	P	Adjusted R ²
Perceived Stress	Demands	-.25	-17.30	<.001	.28
	Control	-.08	-5.09	<.001	
	Managerial Support	-.13	-9.25	<.001	
	Role	-.07	-4.56	<.001	
	Change	-.05	-3.04	<.001	

Table 5: Regression analyses of the influence of working conditions and service user behaviour on satisfaction, attrition, and migration.

Outcome	Significantly Related Factors	Coefficient Estimate (B)	t	P	Adjusted R ²
Satisfaction	Demands	.39	15.75	<.001	.42
	Control	.16	5.75	<.001	
	Managerial Support	.37	13.84	<.001	
	Peer Support	.18	6.19	<.001	
	Role	.20	7.76	<.001	
	Change	.11	4.02	<.001	
Migration	Demands	.14	14.13	<.001	.25
	Managerial Support	.14	14.15	<.001	
	Relationships	.04	3.69	<.001	
	Role	.05	4.88	<.001	
Attrition	Demands	.08	7.28	<.001	.12
	Control	.06	5.35	<.001	
	Managerial Support	.07	6.52	<.001	
	Peer Support	.05	4.08	<.001	