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A Workplace Study of Three Children's Mental Health Centres in Southern Ontario

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Partnerships for Children and Families Project

**A Workplace Study of Three Children's
Mental Health Centres in Southern Ontario**

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SOCIAL WORK



June 2003

A Workplace Study of Three Children's Mental Health Centres in Southern Ontario

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**The Partnerships for Children and Families Project
Wilfrid Laurier University
June 2003**

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Executive Summary

Rationale Recent cuts to resources for children and families requiring children's mental health services coupled with an increase in the number of children needing these services have left staff in many agencies feeling extremely challenged in providing positive service environments for children and families. In this context, agencies are faced with the challenge of providing working environments that attract and retain staff, particularly in children's residential mental health services. The purpose of this study was to explore sources of job satisfaction and stress, and why employees stay with and leave these organizations, in an effort to understand what contributes to a positive work environment in children's mental health services.

Research Design A survey was distributed to employees of three children's mental health services agencies. Completion of the survey was voluntary and all individual responses were kept confidential. Completed surveys were returned directly to researchers.

Survey Results Ninety-eight surveys were completed (for a return rate of 44.3%). Forty-eight percent of employees reported low levels of intention to leave, and 18% reported strong intention to leave their organization. However, strong intention to leave ranged from 13.5% to 35.3% across the three participating children's mental health agencies.

Over 55% of all employees who responded to the survey indicated high levels of overall job satisfaction. Across the three participating agencies overall job satisfaction ranged from 43.2% to 70.6%. The majority of respondents, however, were only moderately satisfied with salary and benefits, as well as with promotion availability and process.

Twenty-three percent of all employees responding to the survey reported high levels of emotional exhaustion, suggesting that high levels of stress are affecting almost a quarter of survey respondents. However, the majority of respondents reported low to moderate levels of emotional exhaustion. Over 70% of children's mental health employees who responded to the survey reported high levels of personal accomplishment, or a feeling of competence and successful achievement in their work with people.

Discussion & Implications The majority of employees in all three organizations are only moderately satisfied with the financial rewards and benefits, and in all of the organizations it seems that the front-line staff are the group least satisfied with this aspect. Front-line staff and clinicians are more likely to be high on intention to leave, and less likely to be highly satisfied with their jobs overall. They are less likely to feel that their jobs are highly "doable" and more likely to be unsatisfied with promotional opportunities. Clinicians, along with front-line staff, are also less likely than employees in other positions to be highly satisfied with their pay. Overall job satisfaction, while in the high range for 55% of children's mental health employees as a whole, varies considerably across the three organizations. Employees with low job satisfaction are

more likely to have high levels of emotional exhaustion and depersonalization, to perceive a lack of fit between their personal values and goals and those of the organization (image violation), and to see the employment relationship as inequitable. The scales that are statistically associated with high intention to leave for all three organizations include “perceived inequitable employment relationship” and “image violation”. It may be that those employees who are feeling most strongly about pay levels and limited promotional opportunities perceive that they are giving more than they are receiving from the organization.

Rationale/ Problem Statement

In the last five years, funds to children's mental health centres have been cut by eight per cent. In the same time, the number of children served by these centres has increased by 75 per cent. These changes have left staff in many agencies feeling extremely challenged in providing positive service environments for children and families.

Children's Mental Health organizations have experienced extensive growth in the need for staff as they work to manage large increases in service volumes with shrinking resources. Creating positive working environments that attract and retain staff, particularly in children's residential mental health services, continues to be a challenge for management.

Staff turnover levels in an organization are an outcome of a complex set of individual and organizational characteristics. Examining these characteristics can help identify their relationship to turnover and to other indicators of organizational health and the overall quality of the helping environment for service participants and providers.

Children's Mental Health Centres in Ontario¹

Ontario's 90 children's mental health centres offer a range of interventions, preventions and supports to youth and families who are coping with behavioural, emotional or psychological difficulties. Treatment programs are designed to be responsive to the unique needs of each child and family.

Children's mental health organizations work to:

- Ø assess, manage and reduce the risk for troubled children
- Ø keep children in school, at home and in their own communities
- Ø keep children out of the young offenders and child protection system
- Ø help teenagers find and keep jobs
- Ø provide consultation, prevention and treatment services
- Ø form partnerships with other agencies to provide services

Province-wide, the centres serve 150,000 children annually, most of them as outpatients in community clinics or in their homes. Many children are involved in day treatment programs that combine treatment and classroom learning. Some children need treatment in a residential setting. Currently, 7,000 children are on the waiting list for service in Ontario. The average wait is six months.

¹ Information on Children's Mental Health Services in Ontario was obtained from the Children's Mental Health Ontario website: www.cmho.org.

Research Project: Partnerships for Children and Families Project

The Partnerships for Children and Families Project (PCFP) is a five-year research project (2000-2005) directed at understanding the lives and experiences of families and children who are served by children's mental health services and children's aid societies in Waterloo and Wellington regions of Ontario.

The PCFP is supported by the Community and University Research Alliance initiative of the Social Sciences and Humanities Research Council of Canada and is housed in the Faculty of Social Work at Wilfrid Laurier University.

The project brings together community members, professionals, and academic partners. A central aim of the PCFP is to foster improvements in existing child welfare and children's mental health policies, interventions, and systems.

The Project also is committed to understanding the experiences of employees in children's mental health and child welfare to give voice to the challenges and gratifications of working in these fields. Agency partners of the PCFP identified a concern around the level of strain their employees experience as they work to provide needed services. The ensuing research was directed at:

- Ø Understanding the experiences of employees working in children's mental health and child welfare
- Ø Exploring sources of job satisfaction and stress, and why employees stay with and leave these organizations
- Ø Discovering what contributes to a satisfying and productive workplace in children's mental health and child welfare organizations

There were three children's mental health agencies and four children's aid societies that participated in the overall investigation of employee's experiences. The results reported herein, however, are specific to the three children's mental health agencies and do not include results from any of the participating children's aid societies.

The Research Design

The workplace study consisted of two elements, an employee survey and a series of focus groups held following the survey. These are described below in detail.

Employee Survey

The employee survey consisted of 254 questions (or “items”) designed to capture, as comprehensively as possible, the experience of being an employee in a children’s mental health organization. The survey was divided into eight sections that grouped items by themes such as organizational culture, occupational commitment, and job satisfaction. Survey items were selected from pre-existing valid and reliable scales measuring dimensions that have been found to be related to employee turnover, as well as measures of commitment to the purpose of the organization and a variety of demographic items. Some items were modified for use with children’s mental health and child welfare service providers. For a complete list of the scales and definitions used in the employee survey, please refer to **Appendix A**.

The majority of items were answered using a Likert-type scale (e.g. strongly disagree to strongly agree) to indicate the strength of agreement with each statement. Some items required respondents to “fill in the blank” or elaborate on their response using short sentences. There was also a series of demographic questions that asked employees to indicate their age, marital status, and length of service, etc. Survey respondents could also choose to include additional written comments on a comment page provided at the end of the survey.

Procedure

All employees of participating children’s mental health organizations received a personally addressed envelope containing the survey, an information letter, as well as a draw ticket to enter to win a half-day at the spa. Survey packages were distributed through each agency’s internal mailing system.

Employees were instructed to complete the survey and return it directly to Wilfrid Laurier University in the postage-paid envelope provided. Employees were given a three week time period in which to return their completed surveys. Please refer to **Appendix B** for the Survey Information Letter.

Completion of the survey was completely voluntary. Employees were informed that all individual survey responses would remain confidential and that survey results would be reported in aggregate form only.

Focus Groups & Survey Comments

Approximately 6-8 months following the distribution of the employee survey, employees at each of the participating children's mental health organizations were asked to volunteer to participate in a series of targeted focus groups. The purpose of the focus groups was to develop some context for interpreting the quantitative survey data. Separate focus groups were offered for support staff, direct service workers, supervisors, and managers at each agency.

A recruitment letter was sent to all Children's Mental Health Services employees (See **Appendix C**). The letter instructed employees who were interested in taking part in a focus group to contact the PCFP's project manager directly. There was little to no response from invited employees at any of the three agencies, and consequently, no focus groups were conducted.

Survey respondents were encouraged to include written comments on the last page of the survey. These comments were compiled and then analyzed. Comments were subjected to open coding in order to extract prevalent themes for discussion purposes. A summary of the survey comments was used to provide some context for interpreting the quantitative survey data.

Survey Results

This section has been organized to provide an overview of aggregate survey responses. The survey results are divided into

- a presentation of demographic information about survey respondents as a group
- a discussion of what employees report that their agencies are doing well
- an examination of employee intention to leave, stress levels, and job satisfaction within the organizations

The report of study results was designed to be responsive to issues facing children's mental health organizations in Ontario, such as challenges retaining staff, employee burnout, and the nature of service provision in children's mental health. Employees' work experiences were examined from several complementary perspectives. The choice to group survey respondents by job position, and organizational tenure where appropriate was made to parallel organizational structure for purposes of clarity.

In preparing this report for participating agencies, we expected that managers and staff would be most interested in knowing about 1) the things that agencies are doing well, 2) employee's intentions to leave their agency, and 3) the levels of stress that employees are experiencing. The first three sections of this report address these topics. In part 3, we include direct service workers' (DSWs) replies to questions about the amount of time spent documenting their work, and the time spent in face-to-face contact with clients. The final section reports the results of a variety of measures of job satisfaction.

Return Rate

There were 98 completed surveys returned out of a total of 221 distributed surveys for a return rate of 44.3%

Although not ideal, this return rate can be considered to provide valid information about how children's mental health employees view themselves and their organization.

Survey Respondent Profile

Number of Completed Surveys By Position²

Front Line	Clinicians	Management	Administrative Services	Total
36 (36.7%)	32 (32.7%)	16 (16.3%)	14 (14.3%)	98

Age

Age Range	Frequency	Percentage
18-24 years	10	10.3
25-30 years	17	17.5
31-39 years	32	33.0
40-49 years	28	28.9
50-59 years	8	8.2
60+ years	2	2.1
Did Not Respond	1	(excluded)

Gender

Gender	Frequency	Percentage
Female	77	82.8
Male	16	17.2
Did Not Respond	5	(excluded)

² Across the three participating children's mental health agencies, positions were grouped as follows (1) Front Line—child and youth worker (in both RTS and STP), respite care worker, therapeutic recreation co-op, recreation, relief/casual relief worker, ECE consultant, EIEI worker, program support worker, mobile crisis worker, night shift worker, family support worker; (2) Clinicians—psychologist, psychometrist, nurse/therapist, intensive family social worker, clinician, child and family therapists, intake clinician/worker, health care coordinator, behaviour consultant, mental health worker; (3) Management—director, assistant director, team leader, human resource coordinator, manager, supervisor, coordinator; (4) Administrative Services—project assistant, maintenance/cleaning personnel, communications coordinator, administrative assistant, receptionist, records secretary, cook, financial assistant, nutritionist, resource library coordinator, personnel records

Highest Earned Degree

Highest Earned Degree	Frequency	Percentage
College diploma	28	30.8
B.A./ B.Sc.	22	22.2
M.S.W.	17	18.7
M.A./ M.Sc.	7	7.7
Ph.D.	5	5.5
Other	12	13.2
Did Not Respond	7	(excluded)

Part 1: Good News

What do employees see children's mental health agencies doing well?

Fifty-five percent of the children's mental health organization employees who responded to the survey indicated high levels of overall job satisfaction. Seventy percent experience a high sense of personal accomplishment in their work, and seventy-one percent are highly satisfied with the intellectual stimulation provided by their jobs. Sixty-eight percent of staff appears to be highly satisfied with the adequacy of informational resources and the competency of supervisory resources. Only 4% of employees surveyed indicated that they respond to service recipients in an impersonal and unfeeling way.

Employees in direct service areas, for the most part, also report that they spend considerably more time in direct contact with children and families than they do recording and documenting their work.

Although twenty-three percent of respondents reported high levels of emotional exhaustion, the proportion with high stress ranged quite broadly among the organizations, and it is clear that many, and in some cases most, employees in these children's mental health organizations are doing their jobs without experiencing excessive stress.

Intention to leave among employees was higher than was expected (18.8%), but again the range among the different organizations was broad. It appears that the high rate in one organization may have been in response to changes in mandate and organizational structure just prior to the survey.

The organizations can take considerable pride in these findings.

Appendix A lists the average scores across the three participating children's mental health organizations for all the scales included in the survey. The general pattern of scores reveals moderate to high satisfaction with the workplace and with the work itself. Considering the pressures on children's mental health organizations, these results speak to the efforts of managers and workers themselves to commit to making the workplace a good place to be, and to doing their jobs well.

Appendix A also includes the average scores across four Children's Aid Societies who participated in the same workplace survey. As a point of contrast, employees in the child welfare sector reported, on average, higher levels of emotional exhaustion and depersonalization in their interactions with service recipients. Child welfare employees also reported lower levels of overall job satisfaction and lower satisfaction with workload, work hours, and the physical context of their work (comfort scale). Children's mental health employees, however, reported lower satisfaction with financial rewards and promotion availability and process than child welfare employees.

Looking at the overall picture of scale scores hides important differences between people who work in different departments, are in different positions, feel radically different levels of stress, or have strong desires to leave or remain employed with their agency. The remainder of this report addresses these important differences and suggests some implications for managers of children's mental health organizations.

Part 2: Employee Turnover

Are there many staff members intending to leave these organizations? Are there differences in experiences of the workplace between employees who plan to stay and those who plan to leave?

To answer these questions, we began by classifying survey respondents by the degree to which they indicated they intended to leave the agency. We divided the entire group into thirds according to their scores on the intention to leave scale:

Low	score 1.00-2.99	1=not at all likely
Medium	score 3.00-5.00	
High	score 5.01-7.00	7=extremely likely

Then, we examined whether there were differences in people’s intention to leave the agency depending on the type of position they held. The table below shows the results of this analysis.

Intention to Leave By Position

	Intention to Leave			Total
	low	med	high	
front line	11 31.4%	15 42.9%	9 25.7%	35 100.0%
administrative	9 64.3%	5 35.7%		14 100.0%
clinicians	14 43.8%	10 31.3%	8 25.0%	32 100.0%
management	12 80.0%	2 13.3%	1 6.7%	15 100.0%
Total	46 47.9%	32 33.3%	18 18.8%	96 100.0%

This table shows that almost 19% of all survey respondents were thinking strongly about leaving their organization. The range, however, among the three participating organizations was quite large – from 13.5% to 35.3%. Thoughts about leaving the organizations were highest among front-line workers and clinicians. However 44% of clinicians and 31% of front-line workers scored in the low range in having thoughts about leaving. Most employees in administrative and management positions scored in the low range on this scale.

Intention to Leave By Organizational Tenure

To learn whether there were particular time periods during a person's career with the organization when they were more apt to want to leave, we next looked at the influence of organizational tenure on an employee's intention to leave.

	Intention to Leave			Total
	low	med	high	
.5 year or less	7 77.8%	1 11.1%	1 11.1%	9 100.0%
.5 - 1 year	3 30.0%	4 40.0%	3 30.0%	10 100.0%
1 year - 2 years	5 25.0%	11 55.0%	4 20.0%	20 100.0%
2 years - 2.5 years	3 50.0%	2 33.3%	1 16.7%	6 100.0%
2.5 years - 5 years	7 50.0%	2 14.3%	5 35.7%	14 100.0%
5 - 10 years	8 61.5%	5 38.5%		13 100.0%
More than 10 years	13 56.5%	7 30.4%	3 13.0%	23 100.0%
Total	46 48.4%	32 33.7%	17 17.9%	95 100.0%

This table suggests that the period at which an employee had been with the agency between two and a half and five years was the time when some employees were most likely to think about leaving the agency. Interestingly, this was also a time where half of employees were not thinking about leaving. Does this have to do with decisions about promotion whereby those who have been promoted are low on intention to leave and those who have not been promoted tend to think about leaving? Or is this a point where some have come to feel comfortable with their experience in the job and their organization and others have not? As might be expected, those who have recently joined the agency and those who have been with the agency for between five and ten years were most likely to score low on this scale. It is interesting that three out of 23 people who had been with their agency for more than 10 years were thinking a lot about leaving.

Intention to Leave and Survey Scale Levels

To try to understand more about what may contribute to strong intention to leave and low intention to leave, we examined in more detail those in the low and high categories. We looked for significant differences between these two groups on the other survey scale scores.

High intention to leave – higher on	High intention to leave – lower on	No significant differences
Emotional Exhaustion Perceived inequitable employment relationship Role conflict Role ambiguity Image violation Job search – preparatory, active Work-family conflict	Agreeableness Autonomy Job satisfaction – comfort, challenge, financial, promotions, resource adequacy, overall Loyalty Organizational commitment – affective, normative Organizational culture – clan, innovation Organizational trust Organizational justice – distributive, interactional, procedural Organizational support – affective, instrumental Supervisor support Work group cohesion	Conscientiousness Depersonalization Family-work conflict Occupational commitment – affective, continuance, normative Organizational commitment – continuance Organizational culture – market, administrative Personal accomplishment

Here we can see that those who reported strong intentions to leave differ from those who were not intending to leave in a number of ways:

- ∅ They were higher on emotional exhaustion than those who were not intending to leave.
- ∅ They felt that their personal values and goals and those of the agency did not match.
- ∅ They did not trust the organization and perceived it as treating employees unfairly. Probably related to this, they did not feel as much pride in their organization as did other employees.
- ∅ They did not perceive their supervisors as supportive or the organization in general as supportive.

- Ø They experienced role conflict and ambiguity in their jobs and did not experience their work groups as supportive or cooperative.
- Ø They felt that the demands of their job were interfering with their family-related responsibilities
- Ø They were dissatisfied with their jobs on all dimensions including financial reward and promotional availability.

If these people have not already made their intentions known to management, it might be wise to find a way to identify them and either help them to change their perceptions of the agency, or to leave.

Part 3: Dimensions of Burnout

- Ø **What are the levels of stress, or emotional exhaustion, felt by agency employees?**
- Ø **Do employees, who differ on levels of emotional exhaustion, also differ on other experiences of the workplace?**
- Ø **What proportion of employees distance themselves emotionally from service recipients?**
- Ø **Do employees feel a sense of accomplishment in their work?**

To measure employee stress, we used the Maslach³ Burnout Inventory's scale for Emotional Exhaustion (EE). Using the definitions of "low" (0-16), "moderate or medium" (17-27), and "high"(28 or over), provided by the authors for social service employees, we looked at the distribution of low, medium, and high scores by type of position in the agency.

Emotional Exhaustion by Position

	l/m/h emotional exhaustion			Total
	low	med	high	
front line	13 38.2%	12 35.3%	9 26.5%	34 100.0%
administrative	6 60.0%	2 20.0%	2 20.0%	10 100.0%
clinicians	9 29.0%	16 51.6%	6 19.4%	31 100.0%
management	7 43.8%	5 31.3%	4 25.0%	16 100.0%
Total	35 38.5%	35 38.5%	21 23.1%	91 100.0%

The table above shows that 23% of all employees who responded to the survey scored in the high range of emotional exhaustion, and 38.5% scored in the low range. Among the three organizations, the range for high EE was broad – from 11.8% to 35.7%. Similarly, the range for low EE was also broad – from 23.5% to 59.5%

For the entire sample, EE did not vary much by position. Employees in front-line and management positions were likely to score a little higher than clinicians and those in

³ Maslach Burnout Inventory-Human Services Survey by Christina Maslach and Susan E. Jackson. Copyright 1986 by Consulting Psychologists Press, Inc. Palo Alto, CA 94303.

administrative positions. Those in administrative positions were considerably more likely than other employees to be low on EE.

Emotional Exhaustion by Organizational Tenure

To see whether, for example, new employees experienced more stress than those who had been working for the agency for a long time, we looked at emotional exhaustion by organizational tenure.

	l/m/h emotional exhaustion			Total
	low	med	high	
.5 year or less	4 44.4%	3 33.3%	2 22.2%	9 100.0%
.5 - 1 year	3 37.5%	3 37.5%	2 25.0%	8 100.0%
1 year - 2 years	4 21.1%	8 42.1%	7 36.8%	19 100.0%
2 years - 2.5 years	1 16.7%	3 50.0%	2 33.3%	6 100.0%
2.5 years - 5 years	2 18.2%	7 63.6%	2 18.2%	11 100.0%
5 - 10 years	8 57.1%	4 28.6%	2 14.3%	14 100.0%
More than 10 years	12 54.5%	7 31.8%	3 13.6%	22 100.0%
Total	34 38.2%	35 39.3%	20 22.5%	89 100.0%

This table suggests that people who had been with the agency between one and two and a half years were most likely to be highly stressed. Also, the first year was highly stressful for approximately a quarter of new employees. Emotional exhaustion tended to decline with longer tenure in the organizations.

Emotional Exhaustion and Survey Scale Levels

We next looked for significant differences in how levels of emotional exhaustion (EE) were related to individuals' perceptions of themselves and their workplace as measured by the other survey scales. We compared those with high levels of EE to those with low levels. These are shown in the next table.

High on Emotional Exhaustion, Higher on:	High on Emotional Exhaustion, Lower on:	No significant differences
Depersonalization Image violation Intention to leave Occupational commitment – continuance Organizational commitment - continuance Perceived inequitable employment relationship Work-family conflict Role ambiguity Role conflict	Agreeableness Conscientiousness Job satisfaction – challenge, comfort, resource adequacy, overall Loyalty Organizational justice – distributive, interactional Organizational trust Organizational support – affective, instrumental	Autonomy Family-work conflict Job satisfaction - financial, promotions Job search – preparatory, active Occupational commitment – affective, normative Organizational commitment – affective, normative Organizational culture - administrative, clan, innovative, market Organizational justice – procedural, Supervisor support Work group cohesion

As might be expected, those with high EE were lower on overall job satisfaction. They were also higher on depersonalization (distancing oneself from one's clients), which is usually seen as a consequence of high EE. That they were higher on occupational commitment-continuance and organizational commitment – continuance suggests that these individuals were more likely to believe that they had to stay with their current occupation and with the organization because the costs of leaving their occupation/organization would have been too great. We also examined whether or not education level was associated with higher scores on organizational commitment – continuance, and occupational commitment – continuance. Educational level was not associated with believing that one has to stay with the organization. However, educational level was significantly associated with feeling that one has to stay with one's occupation ($p = .009$). Those with university graduate level education were much more likely to believe that they had to stay with their occupation than those with only high school education. This likely has to do with the number of years of study that have been invested in gaining the credentials for their occupation. We also examined whether

or not emotional exhaustion was associated with education level, and found no significant relationship.

The findings also suggest that those who were higher on Emotional Exhaustion tend to be individuals who are more competitive and judgmental and also less organized and goal oriented than those who were lower on EE.

The variables that are usually seen as antecedents to emotional exhaustion include role conflict, role ambiguity, perception of inequity in the employment relationship, a perception of a lack of fairness in the process and outcomes of organizational decisions, and lack of supervisor support. It should be noted that the difference between those high on EE and those low on EE regarding their rating of supervisor support was very close to being statistically significant ($p = .051$), with those experiencing more supervisor support reporting lower EE.

High levels of depersonalization, low levels of job satisfaction (all areas), intention to leave, and preparation for job search are usually seen as consequences of high emotional exhaustion.

These results raise a number of questions. How are these employees with high EE coping? How is this level of stress affecting the clients the agency serves? Is it possible to intervene in a way that would reduce high levels of EE? Is this high level of stress manifesting itself in high levels of illness, absenteeism or disability claims?

Depersonalization

The depersonalization scale contained in the Maslach Burnout Inventory measures "an unfeeling and impersonal response towards recipients of one's service"⁴. Only 4.3% of respondents report high depersonalization, or distancing themselves from the recipients of their service. The proportion of employees scoring high on depersonalization ranged from 0% to 9.3% among the three organizations. As can be seen in the table below, clinicians are the group least likely to be high on depersonalization and most likely to be low on this dimension. Employees in management positions may be most likely to be high on this scale, but the majority even in this group scores low, and the number of respondents in this category are few, indicating the need to be cautious in generalizing.

⁴ Maslach et al., 1996, p. 4

Position * I/m/h/depersonalization Crosstabulation

	I/m/h/depersonalization			Total
	Low	Medium	High	
front line	23 67.6%	9 26.5%	2 5.9%	34 100.0%
administrative	8 80.0%	2 20.0%		10 100.0%
clinicians	26 81.3%	5 15.6%	1 3.1%	32 100.0%
management	10 62.5%	5 31.3%	1 6.3%	16 100.0%
Total	67 72.8%	21 22.8%	4 4.3%	92 100.0%

Personal Accomplishment

The third component of Maslach's Burnout Inventory is Personal Accomplishment (PA). This scale “assesses feelings of competence and successful achievement in one’s work with people”⁵.

Position * I/m/h/personal accomplishment Crosstabulation

	I/m/h/personal accomplishment			Total
	Low	Medium	High	
front line	1 3.0%	10 30.3%	22 66.7%	33 100.0%
administrative	2 25.0%	3 37.5%	3 37.5%	8 100.0%
clinicians	1 3.3%	6 20.0%	23 76.7%	30 100.0%
management	1 6.3%	2 12.5%	13 81.3%	16 100.0%
Total	5 5.7%	21 24.1%	61 70.1%	87 100.0%

In this table we see that 70.1% of all employees who responded reported a strong sense of competence and achievement in their work with service recipients. The proportion of employees who scored high on this dimension ranged from 60% to 77% among the three organizations. Employees in management positions were the group with the largest proportion in the high range on PA while employees in administrative positions had the smallest proportion in the high range. Only five individuals out of 87 reported a low sense of accomplishment.

⁵ Maslach et al., 1996, p. 4

Time Spent on Documentation and Face-to-Face Interaction with Clients

One area where we heard repeated expressions of concern (especially in child welfare agencies) was about how much time direct service workers are spending recording at the expense of time spent in face-to-face contact with clients. We included two questions in the survey specifically for direct service workers about these issues.

In response to the question, “*What percentage of your time do you spend in documenting your work?*” we received the following replies from front-line staff and clinicians:

% Of Time Spent Documenting Work	Proportion of workers (Number)	
20% or less	40.3%	(25)
21-30%	22.6%	(14)
31-40%	19.4%	(12)
41-60%	16.1%	(10)
61-100%	1.6%	(1)

N= 62

40% of these employees are spending 20% or less of their time documenting their work. This compares well with direct service staff in child welfare agencies where only 5% of direct service workers spend less than 20% on documentation. This, however, may not be a fair comparison because the respondents from children’s mental health agencies included more employees working in residential settings than did the group of respondents from the child welfare sector.

In response to the question, “*What percentage of your time do you spend in face to face contact with service recipients?*” we received the following replies:

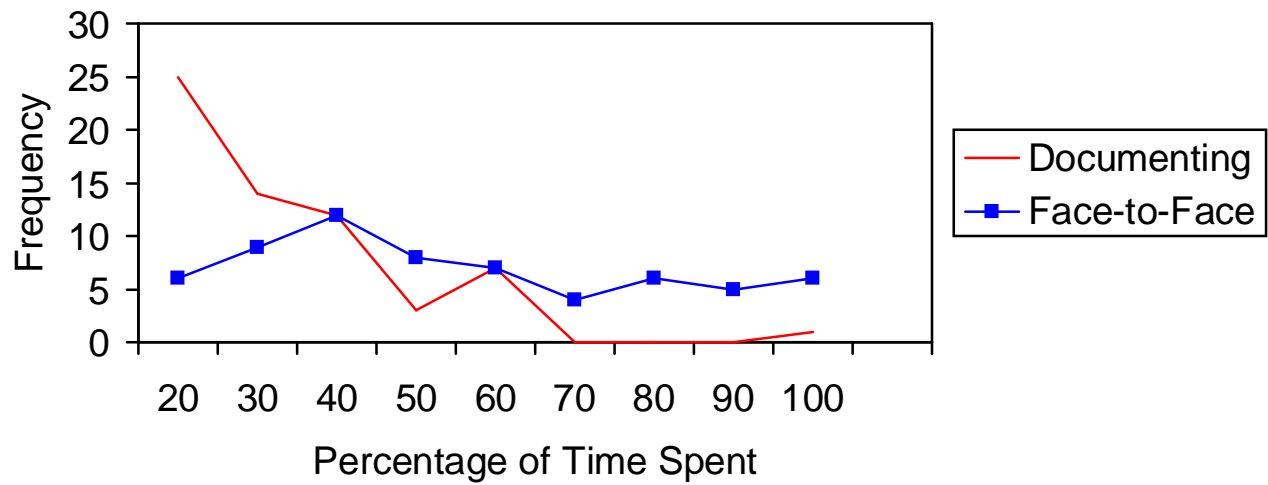
% Of Time Spent in Face to Face Contact with Clients	Proportion of workers (Number)	
25% or less	14.3%	(9)
30-49%	28.6%	(18)
50-69%	26.9%	(17)
70-89%	12.7%	(8)
90-100%	17.5%	(11)

N= 63

Here we see that 57% of these employees are spending 50% or more of their time in face-to-face contact with clients. Again this compares well with direct service workers in child welfare where only 11% of direct service workers spend more that 50% of their time with clients.

The graph below illustrates how front-line staff and clinicians in the three children's mental health agencies estimated how they spent their time.

Time Spent in Documentation and Face-to-Face Contact with Clients



Part 4: Job Satisfaction

Were people satisfied in their jobs? Why or why not?

Let's begin the answers to these questions by looking at each of the job satisfaction scale responses. The graph below shows the percentage of low, medium, and high scores on each of six job satisfaction scales.



Most employees reported at least moderate satisfaction with their jobs overall and with all aspects of their jobs. The majority of employees from the three organizations who responded to the survey reported that they were highly satisfied with their jobs overall, with the intellectual challenge of their jobs and with the adequacy of informational and supervisory resources provided. Just slightly more than half of all employees surveyed (50.5%) reported high satisfaction with the comfort or “doability” of their jobs. The “comfort” scale refers to satisfaction with the physical context of the work, including setting, hours and workload.

The majority of employees were only moderately satisfied with the financial reward and the availability of promotions and the promotional process.

As in earlier parts of this report, we examined job satisfaction results by position and organizational tenure. The first set of tables to follow shows these results for overall job satisfaction.

Overall Job Satisfaction –By Position

This scale measures overall job satisfaction. It ranged from 0 to 3.20, and has been divided into low, medium, and high categories.

Low score 0.00 to 1.73
 Medium score 1.74 to 2.47
 High score 2.48 to 3.20

	l/m/h overall job satisfaction			Total
	low	med	high	
front line	4 11.1%	13 36.1%	19 52.8%	36 100.0%
administrative	2 14.3%	4 28.6%	8 57.1%	14 100.0%
clinicians	1 3.1%	16 50.0%	15 46.9%	32 100.0%
management		4 25.0%	12 75.0%	16 100.0%
Total	7 7.1%	37 37.8%	54 55.1%	98 100.0%

Fifty-five percent of respondents reported that they were highly satisfied with their jobs overall, and almost 38% said that they were moderately satisfied overall. The proportion of employees reporting high overall job satisfaction ranged from 43.2% to 70.6% in the participating agencies.

Seventy-five percent of employees in management are highly satisfied overall, but only 47% of clinicians report high overall satisfaction. However, exactly half of clinicians reported moderate satisfaction overall. Also, more than half of front-line staff and employees in administrative services were highly satisfied overall.

Overall Job Satisfaction –By Organizational Tenure

	l/m/h overall job satisfaction			Total
	low	med	high	
.5 year or less		4 44.4%	5 55.6%	9 100.0%
.5 - 1 year	1 10.0%	4 40.0%	5 50.0%	10 100.0%
1 year - 2 years	3 15.0%	9 45.0%	8 40.0%	20 100.0%
2 years - 2.5 years		2 33.3%	4 66.7%	6 100.0%
2.5 years - 5 years		5 35.7%	9 64.3%	14 100.0%
5 - 10 years	1 7.1%	6 42.9%	7 50.0%	14 100.0%
More than 10 years	1 4.3%	7 30.4%	15 65.2%	23 100.0%
Total	6 6.3%	37 38.5%	53 55.2%	96 100.0%

More than half of employees at almost all levels of organizational tenure were highly satisfied with their jobs overall. High overall satisfaction dropped slightly to 40% for those between one and two years, but increased again to 68% for those between two and two and a half years tenure, and remained at 50% or higher for longer tenured employees.

Job Satisfaction – Challenge

The next set of tables reviews the survey results for the job satisfaction—challenge scale. This scale is designed to assess satisfaction with the intellectual stimulation of the work. Overall, 71.4% of the employees surveyed found their jobs highly satisfying on this dimension. The proportion of an organization’s employees who were highly satisfied with this dimension ranged from 59% to 94%.

One might question whether high scores on this scale may indicate that the job is challenging in a negative way. One of the scale’s questions was *“The problems I am expected to solve are challenging enough”*, which might lead us think, “Oh, yes, really challenging – impossible!” However, other questions included, “The work is interesting” and “I am given a chance to do the things I do best”. It seems that the scale is truly about the positive aspects of challenge and that this is actually a source of job satisfaction for most agency employees.

Job Satisfaction -- Challenge By Position

	l/m/h challenge job satisfaction			Total
	low	medium	high	
front line	2 5.6%	12 33.3%	22 61.1%	36 100.0%
administrative		4 28.6%	10 71.4%	14 100.0%
clinicians	1 3.1%	9 28.1%	22 68.8%	32 100.0%
management			16 100.0%	16 100.0%
Total	3 3.1%	25 25.5%	70 71.4%	98 100.0%

This table shows that all of the management employees who responded to the survey were highly satisfied with the challenge integral to their jobs. Front line employees were the group with the smallest proportion of employees highly satisfied with this aspect of their jobs, but even in this group 61% were highly satisfied.

Job Satisfaction – Challenge by Organizational Tenure

	l/m/h challenge job satisfaction			Total
	low	medium	high	
.5 year or less		4 44.4%	5 55.6%	9 100.0%
.5 - 1 year		3 30.0%	7 70.0%	10 100.0%
1 year - 2 years	3 15.0%	3 15.0%	14 70.0%	20 100.0%
2 years - 2.5 years		1 16.7%	5 83.3%	6 100.0%
2.5 years - 5 years		2 14.3%	12 85.7%	14 100.0%
5 - 10 years		3 21.4%	11 78.6%	14 100.0%
More than 10 years		8 34.8%	15 65.2%	23 100.0%
Total	3 3.1%	24 25.0%	69 71.9%	96 100.0%

Satisfaction with the challenge offered by the job seemed to increase after the first six months for some employees. Almost all employees were either highly satisfied or moderately satisfied with this aspect of their jobs.

Job Satisfaction - Comfort

This scale, the job satisfaction -- comfort scale, has to do with the perceived "doability" of the job and the next series of tables examines this scale. Just over half of all employees reported they were highly satisfied with the "doability" of their jobs, and only 2% were not satisfied with this aspect. The range among the three organizations in terms of the proportion of employees scoring in the high range on this scale was quite broad – from 33% to 75%. The scale assesses satisfaction with the physical context of the work including setting, hours and workload.

Job Satisfaction –Comfort By Position

	l/m/h job sat comfort			Total
	low	med	high	
front line	1 2.8%	16 44.4%	19 52.8%	36 100.0%
administrative		2 16.7%	10 83.3%	12 100.0%
clinicians		22 68.8%	10 31.3%	32 100.0%
management	1 6.7%	5 33.3%	9 60.0%	15 100.0%
Total	2 2.1%	45 47.4%	48 50.5%	95 100.0%

This table shows that administrative employees were most likely to be highly satisfied with the "doability" of their jobs, and clinicians were the group with the smallest proportion in the highly satisfied range. The majority of clinicians (68.8%) were only moderately satisfied with the "doability" of their jobs.

Job Satisfaction – Comfort by Organizational Tenure

	l/m/h job sat comfort			Total
	low	med	high	
.5 year or less		4 44.4%	5 55.6%	9 100.0%
.5 - 1 year		4 40.0%	6 60.0%	10 100.0%
1 year - 2 years	1 5.3%	14 73.7%	4 21.1%	19 100.0%
2 years - 2.5 years		3 50.0%	3 50.0%	6 100.0%
2.5 years - 5 years		8 57.1%	6 42.9%	14 100.0%
5 - 10 years		5 35.7%	9 64.3%	14 100.0%
More than 10 years	1 4.5%	7 31.8%	14 63.6%	22 100.0%
Total	2 2.1%	45 47.9%	47 50.0%	94 100.0%

The table above suggests that satisfaction with the “doability” of the job was quite high for employees tenured for one year or less, but dropped for those in their jobs between year one and two. It improved again for those with tenure of five or more years.

Job Satisfaction – Financial Reward

This scale assesses employees' satisfaction with pay, benefits and job security.

Job Satisfaction – Financial Reward By Position

	l/m/h financial reward job satisfaction			Total
	low	med	high	
front line	4 11.8%	24 70.6%	6 17.6%	34 100.0%
administrative		7 70.0%	3 30.0%	10 100.0%
clinicians	1 3.3%	23 76.7%	6 20.0%	30 100.0%
management		9 60.0%	6 40.0%	15 100.0%
Total	5 5.6%	63 70.8%	21 23.6%	89 100.0%

The table above indicates that the large majority of employees (71%) were only moderately satisfied with the financial reward aspect of their jobs. Overall, only 23.6% were highly satisfied with the financial reward. The proportion of respondents that was highly satisfied with this dimension ranged from 12.5% to 30% among the organizations surveyed. Employees in management positions were the group most likely to be highly satisfied, and front line employees were the group most likely to be unsatisfied with the financial reward.

Job Satisfaction – Financial Reward By Organizational Tenure

	l/m/h financial reward job satisfaction			Total
	low	med	high	
.5 year or less		4 80.0%	1 20.0%	5 100.0%
.5 - 1 year	1 12.5%	5 62.5%	2 25.0%	8 100.0%
1 year - 2 years	3 15.8%	13 68.4%	3 15.8%	19 100.0%
2 years - 2.5 years		5 100.0%		5 100.0%
2.5 years - 5 years		11 78.6%	3 21.4%	14 100.0%
5 - 10 years		10 71.4%	4 28.6%	14 100.0%
More than 10 years		14 63.6%	8 36.4%	22 100.0%
Total	4 4.6%	62 71.3%	21 24.1%	87 100.0%

This table demonstrates that those employees who had been with the organization for more than 10 years were the group most likely to be highly satisfied with the financial aspects of their job. The majority of new employees were only moderately satisfied with the financial reward, and those with tenure between one and two years were the group most likely to be unsatisfied.

Job Satisfaction – Promotions

We turn now to how staff members regard their satisfaction with promotion availability and process in the agency:

Job Satisfaction – Promotions By Position

	l/m/h promotions job satisfaction			Total
	low	med	high	
front line	6 17.6%	22 64.7%	6 17.6%	34 100.0%
administrative		5 45.5%	6 54.5%	11 100.0%
clinicians	4 14.8%	20 74.1%	3 11.1%	27 100.0%
management		9 60.0%	6 40.0%	15 100.0%
Total	10 11.5%	56 64.4%	21 24.1%	87 100.0%

This table indicates that the majority of all respondents to the survey were only moderately satisfied with promotional availability and processes. Overall, 24% were highly satisfied. The proportion of employees in the three organizations who were highly satisfied with promotional availability and process ranged from 13.3% to 31%. Employees in administrative positions were most likely to be highly satisfied with promotion availability and processes. Employees in front line positions and clinicians were the groups most likely to report low satisfaction with this aspect.

Job Satisfaction – Promotions By Organizational Tenure

	l/m/h promotions job satisfaction			Total
	low	med	high	
.5 year or less	1 16.7%	4 66.7%	1 16.7%	6 100.0%
.5 - 1 year	2 25.0%	4 50.0%	2 25.0%	8 100.0%
1 year - 2 years	3 17.6%	11 64.7%	3 17.6%	17 100.0%
2 years - 2.5 years		4 66.7%	2 33.3%	6 100.0%
2.5 years - 5 years	1 7.1%	10 71.4%	3 21.4%	14 100.0%
5 - 10 years		11 78.6%	3 21.4%	14 100.0%
More than 10 years	2 10.0%	11 55.0%	7 35.0%	20 100.0%
Total	9 10.6%	55 64.7%	21 24.7%	85 100.0%

This table suggests that employees with longer tenure (more than 10 years) were the group who were most satisfied with promotional availability and process. Those who had been with their organizations between 6 months and one year were the group who were least likely to be satisfied with this aspect of their jobs.

Job Satisfaction – Resource Adequacy

This scale measures satisfaction with the information provided to do the job, and also with the perceived competence of supervisory resources provided by the organization.

Job Satisfaction – Resource Adequacy By Position

	l/m/h resource adequacy job satisfaction			Total
	low	med	high	
front line	1 2.9%	12 34.3%	22 62.9%	35 100.0%
administrative		2 15.4%	11 84.6%	13 100.0%
clinicians		13 43.3%	17 56.7%	30 100.0%
management		2 13.3%	13 86.7%	15 100.0%
Total	1 1.1%	29 31.2%	63 67.7%	93 100.0%

The table above indicates that almost 68% of employees were highly satisfied with the informational and supervisory resources provided by the organization. Among the three organizations this proportion ranged from 53% to 74%. The table suggests that clinicians were the group who were least likely to be highly satisfied with these resources, but no clinician reported low satisfaction with this aspect. Only one respondent (a front line employee) reported low satisfaction with informational and supervisory resources.

Job Satisfaction – Resource Adequacy By Organizational Tenure

	l/m/h resource adequacy job satisfaction			Total
	low	med	high	
.5 year or less		2 25.0%	6 75.0%	8 100.0%
.5 - 1 year		4 40.0%	6 60.0%	10 100.0%
1 year - 2 years	1 5.3%	7 36.8%	11 57.9%	19 100.0%
2 years - 2.5 years		2 33.3%	4 66.7%	6 100.0%
2.5 years - 5 years		7 50.0%	7 50.0%	14 100.0%
5 - 10 years		2 14.3%	12 85.7%	14 100.0%
More than 10 years		4 20.0%	16 80.0%	20 100.0%
Total	1 1.1%	28 30.8%	62 68.1%	91 100.0%

Tenure with the organization does not seem to be strongly associated with satisfaction with resource adequacy; 75% employees in the first six months of tenure were highly satisfied, suggesting that the organizations were doing a good job of orienting and training new employees. If there was any change on this dimension of job satisfaction, it may have increased for those employees who had been with the agency longer.

Levels of Job Satisfaction – Overall

We examined the relationships between the job satisfaction scales and all other survey scales. Below is the summary of the significant differences found on the other survey scales between those who scored high on the overall job satisfaction scale and those who scored low. The pattern is very similar for the remaining aspects of job satisfaction, so those tables are not repeated here.

High Job Satisfaction -- Overall, Higher on These Scales	High Job Satisfaction -- Overall, Lower on These Scales	No Significant Differences
Autonomy Job satisfaction – comfort, challenge, financial, promotions and resource adequacy Loyalty Occupational commitment – affective, normative Organizational culture – clan, innovation, administrative Organizational commitment – affective, normative Organizational trust Organizational justice – distributive, procedural, interactional Organizational support – affective, instrumental Personal accomplishment Work group cohesion	Depersonalization Emotional exhaustion Image violation Intention to leave Intention to quit Job search - active, preparatory Perceived inequitable employment relationship	Agreeableness Conscientiousness Cultural inventory – administrative Family- work conflict Occupational commitment-continuance Organizational commitment – continuance Organizational culture – market Role ambiguity Role conflict Supervisor support Work-family conflict

High job satisfaction seemed to be related to perceptions that the organization was innovative, a friendly place to work, provided structure, and met employees' needs for recognition and approval. High job satisfaction was also related to perceptions that the organization is fair to employees and can be trusted to continue to respond to employees positively. As might be expected, a positive attitude towards one's occupation was also associated with high job satisfaction.

High job satisfaction was also significantly related to aspects of the job itself – to the opportunities to make decisions about how one will do the job (autonomy) and to supportive work groups. Satisfaction was also related to what we think of as results of the employment experience, such as a strong sense of personal accomplishment, low emotional exhaustion, low image violation, high commitment to the organization, and low intention to leave.

We would have expected, based on previous research, that high job satisfaction would have been related to other aspects of the job itself such as role conflict, role ambiguity, and supervisor support.

An Overview of Survey Comments

The absence of focus group data means that the comments written on the questionnaires are the only source of qualitative data for this report. These have been coded and interpreted, but there are significant limitations to their usefulness. Focus groups are asked to address specific areas, however broad, which allows the researchers to build in a certain amount of balance in terms of both substance and perspectives. In the case of survey comments, however, each individual chooses whether to add comments and what to comment on; thus, the data can be highly skewed. However, approximately one-quarter of survey respondents added comments, and some of these comments were lengthy and detailed. Comments tended to support and offer a clearer understanding of some key quantitative findings. We have grouped what we consider key comments into categories, and they are reported below.

Difficulties related to changing mandates and organizational restructuring:

“Up until one year ago I was thrilled to work for [a children’s mental health organization], - the work was reasonable (amount) and challenging. My manager was completely supportive and my co-workers the best! Things changed as (as I see it), the organization grew too quickly, taking on all these new services and projects without supporting existing staff and services. There were several management changes and very poor communication from [a manager]. . Now, we are expected to do it all, to answer to several supervisors and a manager and deal with severe major mental illnesses without the training, resources or support. What keeps me here is my amazing peers...”

“My fear is another layer of management will increase polarization and further fuel "us" and "them" mentality. As the climate becomes less personal, people feel less connected and trust deteriorates.”

Dissatisfaction with salary and benefits:

In answer to the question, “If you were free to go into any type of job you wanted, what would your choice be?” one respondent wrote “I would want the job I have now. With more \$.”

“To top it all off our pay and benefits are the pits!!”

“It should be noted that front line workers face high-stress/risk job situations and receive minimal pay.”

Dissatisfaction with promotional opportunities:

“difficulty growing within the agency is apparent - growing in the sense of moving up to supervisor, management. “

“because of the size, leadership and resources I am unlikely to have the chance to tackle the challenges and special organizational development projects I am interested in. My guess is that in the next year I will move on to a more challenging position.”

Too much work and not enough resources/support:

In reply to the question, “In the past three months, has there been a single particular event that caused you to think about leaving your job?” one respondent wrote “The feeling of being unsupported in my work environment and in the work I do - high level of demand.”

“I try hard but feel I never am able to achieve all that is expected.”

“I am producing work I am not happy with because my deadline is more important than quality. Most . . . managers work in excess of 50 hours per week, because that is what it takes.”

“It is very frustrating to not have a minimum level of resource to offer families. However, we do serve those in crisis quite well as this is part of our mandate - to serve those in greatest need/who pose most risk. I have learned a lot over 10 years in this job, but on occasion the resource-related stress (not the clients) affects me in a way not unlike post-traumatic stress. I then deal with that to avoid burnout. “

“The strain it is on my family due to the time commitment I have at my work.”

Perceptions of unfair treatment by the organization:

“The bottom line for me is it doesn't matter so much the volume, complexity or intensity of the work. What matters is feeling I am treated fairly, that my opinions are valued and I have the opportunity to achieve my goals, even if they don't perfectly match with the agency.”

“I enjoy the work and the people I work with but there are a lot of political issues (as there are in many agencies) and the team (in general) does not feel listened to and feel unappreciated and not acknowledged.”

Answering the question, "In the past 3 months, has there been a single particular event that caused you to think about leaving your job?" one respondent wrote "Witnessing that challenging the norms of how we do our work is not OK - unsafe."

Stress related to the complexity of problems that families and children are presenting:

"Being overwhelmed emotionally/mentally with the content of high number of crisis calls from families seeking immediate help. ... The increase of reporting or making awareness calls to Family and Children's Services/Police."

"There seems to be few long-term people in this field (over 10 years) and the youth we work with seem to have increasing needs and challenges. These concerns are just a few facing front-line staff."

Discussion

Although all three of the organizations studied serve children with mental health needs and their families, the organizations themselves are different in important ways. Some serve children of different age groups, and each has different proportions of employees working in residential settings. Consequently, combining them for the purposes of this report presents some problems in terms of interpreting the results for the aggregate. In this discussion, we summarize the similarities in the findings among the three organizations, and note areas of difference.

Similarities among the three organizations:

The majority of employees in all of the agencies surveyed were highly satisfied with the intellectual challenge provided by their work. The majority also scored in the high range on satisfaction with the informational and supervisory resources; however, the range on this measure suggests that some dissatisfaction with the supervision provided may be experienced in some units. In the children's mental health sample as a whole, only 57% of clinicians and 63% of front line staff were highly satisfied with informational resources and the competence of supervisors.

The majority of employees in all three organizations are only moderately satisfied with the financial rewards and benefits, and in all of the organizations it seems that the front-line staff are the group least satisfied with this aspect. Similarly, the majority is only moderately satisfied with the availability of promotions and the process involved in promotions. Again, front-line staff and clinicians are the employees most likely to be unsatisfied with this dimension.

Variability among the organizations:

Overall job satisfaction, while in the high range for 55% of children's mental health employees as a whole, varies considerably across the three organizations. The proportions of employees high on this dimension range from 43% to 71%. Employees with low job satisfaction are more likely to have high levels of emotional exhaustion and depersonalization, to perceive a lack of fit between their personal values and goals and those of the organization (image violation), and to see the employment relationship as inequitable. As would be expected, those employees who experience the physical setting of the work, the hours, and the workload as satisfactory (the comfort or "doability" aspects), and who are satisfied with their financial reward and the opportunities for promotion are more likely to be highly satisfied overall.

The satisfaction with the "doability" or comfort associated with the job also varies across the three organizations, and appears to contribute to the difference in rates of overall job satisfaction. High satisfaction with the "doability" of the job ranges from 33% - 75%

of an organization's employees. Once again, clinicians and front-line staff seem to be the employee groups that are least satisfied with the "doability" aspects.

Intention to leave seems quite high when averaged across the three organizations (18%) – but a closer examination indicates that the mean is skewed because of a substantially higher rate in one organization. Two of the organizations are similar on this dimension with the proportions of employees who were thinking a lot about leaving at 12.5% and 11.8%. The organization with a larger proportion scoring high on intention to leave had experienced change in the mandate and in the organization just prior to the survey. Employees in this organization who were experiencing difficulty with the recent changes in their responsibilities and in the structure of the organization likely contributed to the higher scores on intention to leave at the time of the survey. Whether these levels of intention to leave were temporary or later turned into actual turnover is not known at this time.

The scales that are statistically associated with high intention to leave for all three organizations include "perceived inequitable employment relationship" and "image violation". It may be that those employees who are feeling most strongly about pay levels and limited promotional opportunities perceive that they are giving more than they are receiving from the organization. Image violation - a perception that "an individual's values goals and strategies for goal attainment do not fit with those of the employing organization" may be experienced when an organization changes the population it serves, or the kinds of interventions it offers.

The proportions of employees with high levels of EE range from 11.8% to 35.7% across the three agencies. Interestingly, the organization with the highest intention to leave is not the agency with the highest EE. Depersonalization seems to be closely related to emotional exhaustion as has been found in other studies.

It is noteworthy that only one of the children's mental health organizations has levels of high EE that compare with those found in the child welfare organizations we studied. In the child welfare sector, the overall proportion of employees with high EE was 39.7%. The proportion of employees reporting high depersonalization is also much higher in the child welfare sample – 29.8% compared to 4.3%. Experiencing a strong sense of accomplishment is also more common among children's mental health employees; 70% report high sense of accomplishment compared to only 50% among employees in child welfare agencies.

When we look at the variables that are statistically associated with high emotional exhaustion in the children's mental health sector, it appears that one factor that contributes to high EE is employees' perceptions that they have to stay with their current employers and their current occupations because the costs of leaving are too great. These employees may see themselves as having fewer alternatives to their current job than do employees who are low on EE. Employees with high EE are also less satisfied with their jobs generally than other employees and tend to perceive the organization as less fair and supportive than other employees. They experience less

pride in the employing organization, and feel that they are giving more than they are getting. They perceive their work as interfering with their family life and they experience uncertainty and/or conflicting messages about the expectations and responsibilities associated with their jobs. They also experience incompatibility between organizational values and goals and their own. As individuals, they tend to be less organized and goal oriented and more competitive.

The relationship between organizational tenure, intention to leave and EE:

The period of tenure between one and 2.5 years is the period when the most employees experience high EE, and the period between 2.5 and 5 years is the time when employees reported the highest scores on intention to leave. We note that high EE is statistically associated with high intention to leave. It appears that some employees who experience high exhaustion do leave the organization during this period of tenure. Others may learn ways of coping with the stress of the work that allows them to experience less exhaustion. It appears that strategies aimed at reducing turnover might include reducing factors that lead to high EE.

Time spent documenting work:

One area that does not seem to be a significant problem in the children's mental health sector has to do with the amount of time spent in documentation. We are pleased to see that the majority of direct service workers seem to be spending at least as much time (and in many cases more time) in face-to-face contact with clients as they do documenting their work.

One's position makes a difference:

A final point that becomes clearer as we review these findings is that the position an employee holds in the organizations definitely makes a difference in terms of how she/he experiences the job. Front-line staff and clinicians are more likely to be high on intention to leave, and less likely to be highly satisfied with their jobs overall. They are less likely to feel that their jobs are highly "doable"⁶, they are less likely to be highly satisfied with their pay and their promotional opportunities, and they are less likely to be highly satisfied with the adequacy of informational and supervisory resources. They are, of course, the employees who have the most contact with the people their organizations serve.

⁶ Clinicians are the group least likely to be satisfied with the "doability" of their job, but substantial proportions of front-line staff and some employees in management also experience low levels of satisfaction with this dimension.

Working with children with serious mental health and behavioural problems is inherently stressful. Workers must often work long and hard to help clients achieve small gains. But, these findings evoke the question, "Are there ways that these employees could be helped to feel more satisfied with their jobs, and less inclined to leave?"

It must be acknowledged that there are limitations to any study like this one. We need to keep these in mind when drawing conclusions about what the results might mean. For example, we do not know if the individuals who responded to the survey are in some way different from employees who did not respond. The survey response rate (44.3%) is lower than would be ideal. And, this is a cross-sectional study that is a snapshot at one point in time rather than a study that follows a group of people over a long period of time. We do not know if the experience of individuals currently in the first year of employment is identical to the first year experiences of people now approaching their fifth year. On the other hand, the results do reflect the experiences of a significant proportion of the agencies' employees at this time, and are therefore deserving of attention.

Implications

In the agency-specific reports prepared for each organization, we offered some recommendations for consideration based on the particular findings from that organization. Because of the differences noted among the three participating children's mental health organizations, it is not possible to offer many recommendations that would apply to all of the organizations. The areas in which we noted similarities (in the discussion section of this report) are the only areas where common recommendations might apply to the entire sector. Since pay scales, especially for front-line staff and clinicians, are perceived to be low, an improvement in salary and benefits would likely reduce the sense that one is giving more than one is getting, or that one's skills are not being adequately appreciated. Similarly, opportunities for promotion and the processes by which these are decided would seem to require some attention.

However, more in-depth study of systemic factors that affect the workplace in children's mental health as well as factors unique to each organization is needed. Some of the data suggests that changes in mandate and organizational structure have significant effects on job satisfaction and intention to leave. We wonder whether clearer communication between management and direct service staff could reduce some of the resistance that seems inevitable, to some degree, when human beings perceive that change is being imposed upon them. The qualitative data suggests that relationships between employees and supervisors may be an important contributor to job satisfaction; and the quantitative data suggests that an organization that is experienced as a friendly place to work, as a dynamic and creative workplace, and that provides structure for employees is associated with higher job satisfaction.

Appendix A: Survey Scale Definitions and Agency Scores

Scale	Children's Mental Health Average N=98	Child Welfare Average N=403	Scale's Range
Agreeableness <i>Personal tendency to be cooperative, non-critical, and sympathetic toward others versus competitive, judgmental, and egocentric.</i>	5.98	5.78	1-7
Autonomy <i>The perceived degree of flexibility to organize and control one's work.</i>	5.24	5.26	1-7
Conscientiousness <i>Personal tendency to be organized, to set goals, and work towards them versus unsystematic, scattered, and easily interrupted.</i>	5.68	5.59	1-7
Image Violation <i>"Image violations occur when an individual's values, goals, and strategies for goal attainment do not fit with those of the employing organization." (Lee et al., 1999, p. 451)</i>	2.82	2.90	1-7
Intention to Leave <i>Thoughts and determinations to leave the organization.</i>	3.38	3.10	1-7
Intention to Quit <i>Perceived probability of remaining in the organization over periods of three months to two years.</i>	2.5	2.17	1-7
Job Satisfaction – Overall <i>A measure of overall satisfaction with one's job.</i>	2.53	2.44	1-3.2
Job Satisfaction –Comfort <i>Satisfaction with the physical context of the work, including setting, hours, and workload.</i>	2.95	2.76	1-4

Scale	Children's Mental Health Average N=98	Child Welfare Average N=403	Scale's Range
Job Satisfaction --Challenge <i>Satisfaction with the intellectual stimulation of the work.</i>	3.25	3.18	1-4
Job Satisfaction –Financial Rewards <i>Satisfaction with pay, benefits, and job security</i>	2.76	2.99	1-4
Job Satisfaction --Promotions <i>Satisfaction with promotion availability and process.</i>	2.60	2.64	1-4
Job Satisfaction –Resource Adequacy <i>Satisfaction with informational and supervisory resources provided to do the work.</i>	3.30	3.26	1-4
Job Search –Active <i>Applied, talked to, interviewed with a prospective employer.</i>	1.54	1.35	1-5
Job Search –Preparatory <i>Talked with friends, read ads, revised résumé in preparation to leave.</i>	2.57	2.29	1-5
Loyalty <i>“Active behaviours that demonstrate pride in and support for the organization” (Niehoff et al. 2001, p. 96).</i>	5.33	5.14	1-7
Maslach Burnout Inventory –Depersonalization <i>“Measures an unfeeling and impersonal response towards recipients of one’s service” (Maslach et al., 1996, p. 4).</i>	4.11	7.75	0-24
Maslach Burnout Inventory –Emotional Exhaustion <i>“Assesses feelings of being emotionally overextended and exhausted by one’s work” (Maslach et al., 1996, p. 4).</i>	19.98	24.08	0-54

Scale	Children's Mental Health Average N=98	Child Welfare Average N=403	Scale's Range
Maslach Burnout Inventory –Personal Accomplishment <i>“Assesses feelings of competence and successful achievement in one’s work with people” (Maslach et al., 1996, p. 4).</i>	39.03	36.01	0-48
Occupational Commitment –Affective <i>Positive feeling about the occupation itself creating a desire to remain in it (want to stay).</i>	4.18	4.04	1-5
Occupational Commitment –Continuance <i>Recognition of the costs of leaving the occupation (have to stay).</i>	3.26	3.27	1-5
Occupational Commitment –Normative <i>Feelings of obligation to stay (ought to stay).</i>	2.87	2.77	1-5
Organizational Commitment –Affective <i>Positive feeling about the organization itself creating a desire to remain in it (want to stay).</i>	4.59	4.37	1-7
Organizational Commitment –Continuance <i>Recognition of the costs of leaving the organization (have to stay).</i>	3.46	3.78	1-7
Organizational Commitment –Normative <i>Feelings of obligation to stay (ought to stay).</i>	4.07	3.81	1-7
Organizational Culture –Administrative <i>Organization “is characterized by a formalized and structured place to work. (Cameron and Quinn, 1999, p. 34).</i>	4.48	4.44	1-7

Scale	Children's Mental Health Average N=98	Child Welfare Average N=403	Scale's Range
Organizational Culture –Clan <i>Organization “is typified by a friendly place to work where people share a lot of themselves” (Cameron and Quinn, 1999, p. 38).</i>	4.34	4.19	1-7
Organizational Culture –Innovation <i>Organization “ is characterized by a dynamic, entrepreneurial, and creative workplace” (Cameron and Quinn, 1999, p. 40).</i>	3.97	3.77	1-7
Organizational Culture –Market <i>“Organization is a results-oriented workplace” where its stakeholders define results (Cameron and Quinn, 1999, p. 36).</i>	4.86	4.62	1-7
Organizational Justice –Distributive <i>Measures the fairness of the outcomes (e.g., rewards, workloads) of organizational decisions.</i>	4.58	4.48	1-7
Organizational Justice –Interactional <i>Measures the fairness of the treatment an employee receives during the process of applying organizational decisions.</i>	5.59	5.77	1-7
Organizational Justice –Procedural <i>Measures the fairness of the procedures through which the organization makes decisions affecting employees.</i>	4.09	4.02	1-7
Organizational Trust <i>“...One’s expectations, assumptions, or beliefs about the likelihood that another’s future actions will be beneficial, favorable, or at least not detrimental to one’s interests.” Robinson, 1996, p. 576)</i>	5.04	4.97	1-7

Scale	Children's Mental Health Average N=98	Child Welfare Average N=403	Scale's Range
Perceived Inequitable Employment Relationship <i>Perception that one gives to the organization more than one gets back.</i>	4.15	4.44	1-7
Perceived Organizational Support –Affective <i>Organization meets one's needs for recognition, praise, and approval.</i>	4.75	4.53	1-7
Perceived Organizational Support –Instrumental <i>Organization meets one's needs for training and assistance to do the work.</i>	4.59	4.27	1-7
Role Ambiguity <i>The job's responsibilities and expectations are unclear versus clear.</i>	2.86	2.87	1-7
Role Conflict <i>The job is subject to competing demands and expectations.</i>	3.85	4.00	1-7
Supervisor Support <i>"...a set of activities and practices of managers (supervisors) that give power, control, and authority to subordinates" (Niehoff et al. 2001, p. 96).</i>	4.92	5.10	1-7
Work-family Conflict <i>"The general demands of, time devoted to, and strain created by the job interfere with performing family-related responsibilities" (Netemeyer et al. 1996, p. 401).</i>	3.32	4.01	1-7
Family-work Conflict <i>"The general demands of, time devoted to, and strain created by the family interfere with performing work-related responsibilities" (Netemeyer et al. 1996, p. 401).</i>	2.14	2.43	1-7

Scale	Children's Mental Health Average N=98	Child Welfare Average N=403	Scale's Range
Work Group Cohesion <i>A measure of supportive, cooperative work group relationships.</i>	5.10	5.28	1-7

Appendix B: Survey Information Letter

PARTNERSHIPS FOR CHILDREN AND FAMILIES PROJECT Wilfrid Laurier University Workplace Survey Information Letter

You are invited to participate in a survey as part of a research study. The purpose of this study is to understand your experiences as workers in children's mental health and child welfare. We want to help you voice both the challenges and rewards of your work, explore sources of job satisfaction and stress, and discuss why employees stay with and leave their jobs in children's mental health and child welfare.

Your contribution to this study will help to discover what plays a role in creating a satisfying and productive workplace in children's mental health and child welfare organizations, so that, ultimately, agencies can better meet the needs of the children and families they serve.

If you agree to participate in the study, the survey will take about 30-45 minutes of your time. You do not have to answer any questions you are uncomfortable with if you do not wish to. And, you can withdraw from the study at any time. You can still let us use the information you have shared with us, or you can choose to have your information destroyed.

Once you complete the survey, please return it to us in the postage-paid envelope provided. Don't forget to return your draw ticket!

You may enter the draw for a Spa Treat at Langdon Hall in Cambridge (valued at \$190) whether you return a completed survey or not. Just return the ticket to us at WLU in the envelope provided.

Your participation in the study is completely voluntary. Whether or not you agree to take part in the study, your employment at (insert name of organization) will not be affected. All information you share with the researchers is anonymous. The information will not be used to identify you in any way. And, (insert name of organization) will not have access to the information you share with us.

You will notice that there is a code on your survey. This code allows researchers to follow your job movement over a two-year period. Every six months we will ask your employer for an updated list of current employees. We will request this information for all employees whether or not they completed the survey. This process will ensure that your employer will not know if you, in particular, have completed the survey. The list linking your code and your name is stored in a locked cabinet at WLU and is accessible only to the research staff. No one besides the research team will know that you are in the study. So, no one at (insert name of organization) will know whether or not you have agreed to take part in the study.

We will provide feedback to each organization on the results of the survey in that organization and, where necessary, make some suggestions to improve the organization's helping environment. Again, you will not be identified in any way in this report.

The study is being conducted by researchers at Wilfrid Laurier University, University of Guelph, and McMaster University. There are 9 researchers on the Research Team, who have all been sworn to secrecy. So, any information that is shared with the researchers will be kept confidential. If you would like more information about the Research Team, we can give you a list of the researchers' names and information on how to contact them.

Everyone who takes part in the study will have the chance to receive information and updates on the project, if they are interested. If you would like to receive this information, we will need to keep your name and address. But, your name and address will not be connected with any information you share with us. We hope that information from our study will be ready to send out to you in the summer of 2002.

Participating in the survey may be helpful in letting you express your thoughts and feelings. However, if you find any of the questions upsetting and need someone to talk to, or if you have any questions about the study itself, you can call any of the numbers we have provided. These phone numbers are listed on the attached Contact Information Sheet. For your information, this research study has been reviewed and approved by the WLU Research Ethics Board.

Appendix C: Focus Group Recruitment Letter

To: All Staff

Subject: The Workplace Survey

Some of you may recall completing a workplace survey in (insert date) from Wilfrid Laurier University (and there was one lucky employee who won a half day at the Langdon Hall spa!). Thanks to the (insert %) of employees who took part in the survey, researchers were able to collect a lot of valuable information about what it's like to work at (insert name of organization).

As a follow-up to the survey, you are invited to take part in a discussion group around the interpretation of survey results. These informal discussion groups will be a place where you can safely share your views on the challenges and rewards of working in children's mental health, your work environment, etc.

Your contribution to this study will help to discover what contributes to a satisfying and productive workplace in children's mental health!

- You DO NOT have to have completed the employee survey to participate in a discussion group.
- Separate groups will be hosted for
 - a) direct service workers
 - b) clerical staff
 - c) supervisors
 - d) managers
- Discussion groups will be about 2 hours long.
- Discussion groups will be conveniently located at the agency (and munchies will be provided).
- Any information you share in the discussion groups will not be used to identify you in any way.

**Take this opportunity to share your views on
working in children's mental health...
sign up today!**

Please contact Karen Frensch, at Wilfrid Laurier University
(partnerships@wlu.ca or 884-0710 ext.3636) on or before (insert date).

Your participation will be kept confidential by researchers.

SOCIAL WORK



Partnerships for Children and Families Project

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