

Investigating risk and protective factors for burnout and engagement
in support workers working in the homelessness sector: an Irish
context.

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Declaration

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Summary

This research is concerned with investigating risk and protective factors for burnout and engagement in support workers working in the homelessness sector, specifically within an Irish context. While there has been extensive attention paid to the issue of burnout within the human services sector, there are less studies focusing specifically on homelessness as a work field. Some positive initiatives relating to burnout and engagement in this sector (such as the implementation of Psychologically Informed Environments (PIE)) are detailed. In addition to specific factors that can impact levels of engagement and burnout- such as organisational and personal- in this research the impact of the wider context of the homelessness situation in Ireland is also considered. The contributing elements of population growth, the financial crisis, the rental market, lack of social housing and lack of support services are looked at, along with the role of the media. The impact of the wider social and political context for burnout is also explored.

In approaching the literature review, the concept of burnout and engagement are stated and their relationship defined. Both states share many moderators, which can be broadly grouped as ‘personal’ – e.g., marital status, age, personal history of traumatic events- and organisational- e.g., job clarity, shift work, team dynamic. Organisational factors tend to be those most closely looked at when assessing burnout in the human services field; this research takes a similar approach. After expanding on several of these organisational factors and detailing existing research, the impacts of burnout are then noted, with reference to the organisation, the client, and the individual.

The methodology chosen was pragmatism, and a mixed methods approach was chosen. Nine participants in total from two distinct homelessness organisations in Ireland participated in this research. Quantitative data was collected through participant’s completion of UWES engagement survey and Maslach’s Human Services Survey, followed by a qualitative semi-structured interview drawing on their experiences within the sector.

Analysis of this qualitative data supported many of the identified key moderators in the literature, and were broadly themed into the importance of the team relationship; the role of the organisation; and felt efficacy. Differences in these factors between the two organisations

mentioned in the interviews were reflected in the quantitative data results, with Organisation A presenting with higher levels of burnout and lower levels of engagement.

The results from this study highlight the benefits of implementing strong staff supports within homelessness organisations, and indicate that staff support and training (as outlined in measures such as PIE) have a significant role as a protective factor for decreasing burnout levels and increasing engagement amongst this cohort of workers.

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Chapter One

Introduction

Burnout- a work-related form of stress- has been the subject of many publications, with significant academic attention focusing on the prevalence of this syndrome presenting in the human services sector (Maslach & Jackson 1981). More recently, there has been increased interest in examining the positive aspects of work that sustain people in their employment, defined as engagement. While these two states can co-exist in workers at differing levels, there is a proven significant negative relationship between the two (Schaufeli et al 2002). The literature review in chapter two will examine these two concepts in detail, with particular reference to the moderators that have been identified and are shared between the two states. While burnout and engagement can exist in any form of employment, due to the particular matrix of factors in the human services sector, burnout presents at a high rate (Thomas et al 2014). In addition to being situated in the human services sector, those working in the homelessness field traditionally work with clients who represent a large variety of presenting needs such as physical and mental ill-health, traumatic histories and substance misuse issues (Baggett et al 2010; Bassuk et al 1998); however relatively few studies exist on this particular group of workers, with considerable attention instead focused on child-protection workers and the nursing profession (Conrad et al 2006; Anderson 2000; Bennett et al 2005; Stevens et al 2002; Deary et al 2003; Aiken et al 2002; Billeter-Koponen et al 2005). Maslach & Leiter (2005) also highlight how those working within non-profit organisations can have fewer resources at their disposal, which combined with the personal responsibility and expectations of the role, can commonly lead to burnout. The wider context of the current homelessness landscape in Ireland is an additional aspect to consider, with increasing numbers accessing homelessness services without resources existing to meet this demand. In this context, the question of how burnout and engagement levels are manifested in homelessness support workers within an Irish context- and what if anything is shown to be effective in moderating these states- becomes increasingly appropriate. This thesis is therefore focused on understanding what factors are cited by support workers in the homelessness field as impacting on their burnout and engagement levels. From a personal perspective, through my own time working in the homelessness sector I became aware of the particular stresses that were felt by staff in this sector. During this period I witnessed how these stresses impact the staff, clients and organisation as a

whole, and from this I became interested in how they could best be alleviated. In addition to this, I observed the changing landscape of the homeless situation in Ireland, with an increase in those accessing the services and an accompanying increasing focus on this issue from the media. This is the context for my own interest in this research topic, which is informed by the wider body of literature on burnout and engagement in the workforce (with a particular emphasis on those in the human service industry).

Aims, objectives and research question

The work described in the following chapters investigates what the emergent risk and protective factors of burnout and engagement are within a purposive sample of two Irish homelessness organisations. It gathers feedback from an identified group of homeless support workers as to what measures have been most effective for them in preventing burnout and maintaining engagement in their work, factors which may minimise staff turnover and promote continuity and quality of service. It employs quantitative and qualitative methodologies consisting of a burnout inventory and an engagement survey (quantitative) and a semi-structured interview held directly after completing the two surveys (qualitative). The key questions this research is concerned with are as follows:

- 1) What are the burnout and engagement levels for this specific sample of homelessness support workers?
- 2) What, if any, are the emergent risk and protective factors on the prevalence of burnout?
- 3) How effective is the mediation of risk and protective factors through organisational interventions?

The research pays particular consideration to the role or interplay of supervisory and organisational factors to burnout and engagement levels. It is my intention that, while broader generalisations cannot be gleaned from this gathering of data, this present research will contribute empirical opinions to the existing research and potentially inform future organisational practices. I will now expand upon the external circumstances of homelessness in Ireland that may inform the current levels of burnout and engagement in homelessness support workers.

Current context of homelessness in Ireland

Of particular interest to me in approaching this research was the impact of the wider homelessness situation on the support workers within this sector. In this section I will outline some recent developments which can be pointed to as possible contributory factors for the current high levels of individuals presenting as homeless. These can be summed up as a combination of a rapidly growing population in recent decades; the impact of the financial crisis; the un-affordability of rents; the failure to develop sufficient affordable housing in the social rented sector because of the absence of resources; and the inadequacy of support services for vulnerable people (Tyndall 2014). Irish homelessness as a social issue has become increasingly visible, not just on the streets but also through substantial attention in the media. This can be seen in the number of articles relating to homelessness in just one national newspaper- The Irish Times- numbering eighteen in total over a one month time period (May-June 2016). However, as Devereux (2015) points out often this attention is fixed on 'human interest' stories as opposed to illuminating the structural factors of the overall situation, and indeed often may go to perpetuate inaccurate or simplistic impressions of the root causes. This interplay between a heightened awareness amongst the general population of this issue while still accompanied by a paucity of resources may result in an additional set of external pressures for Irish homelessness support workers. This section will expand on each of those cited factors- population growth, financial crisis, the rental market, lack of social housing, and lack of appropriate services- before highlighting how some burnout and engagement factors- such as public perception and efficacy- could be influenced by this context.

Population growth and the financial crisis

Ireland has experienced a significant shift in overall demographics over recent decades, which can be attributed to one of the highest birth rates in the EU and increased life span for older people (Healthy Ireland, 2012). The most recent population figures mark 4.6 million people in Ireland (CSO 2015), with projected growth figures of between 96,000 and 286,000 attributed to Dublin alone by 2031. This is accompanied by a rapidly changing economic landscape over the last few decades. The 'Celtic Tiger' period of 1995-2008 saw substantial economic growth, with Ireland ranking as the second richest EU country in 2008 (FinFacts, 2009). An important pillar of this economic success was the construction sector, accounting for 25% of Irish GDP. This focused concentration on housing led to expectant lending from

banks, which in turn led to significant economic impacts when the global credit crunch occurred in 2007-2008, with this downfall of the housing bubble and subsequent banking crisis ushering in a new age of austerity for Ireland, marked by increased levels of unemployment and sharp declines in GDP (Whelan 2013). While there has been a recent upturn in Irish economic affairs, with the most recent figures on unemployment the lowest for seven years (RTE 2016), the impacts that the recession had can be further clarified when a specific sector of society is focused on. For instance, as detailed in the Growing Up in Ireland Study (Williams et al 2011) over the period 2008 to 2011, the youth unemployment rate increased from 9.9 per cent to 33 per cent, along with a decrease in those completing formal education or involved in employment, training or education. The proportion of families reporting that they had some degree of difficulty in 'making ends meet' almost doubled, rising from 31% in 2008 to 61% in 2011. It has also been shown that the emotional strain of economic difficulties leads to stress, anxiety and depression, with further ripples from this being noted in reactionary behaviour and weaker family bonds (Morgan et al 2016). It is against this backdrop of complex contributory factors that the current homelessness situation presents itself. The next section will discuss the context of the rental market on this situation.

Rental market

A recent report from property website Daft (2016) illustrates the current context for the rise in demand for homelessness service, with the availability of homes to rent the lowest on record. In the time period 2008-2012, there was an average of nearly 5,200 properties to rent in Dublin. This has dropped significantly; for instance in February 2016, the stock of Dublin housing available to rent was fewer than 1,400 (the lowest total at any point since the start of the data series ten years ago), with a May 31st search yielding results of 1,424 houses to rent. The reported number of those renting in Dublin vary between one in five households living in privately rented accommodation to one third (Kelly, 2015) (Daft, 2016); however with a 2013 record of 46,8122 households in Dublin with a 58% increase in those renting recorded in Census Night 2011 (compared to Census 2006) (CSO 2013), the gap between demand and provision is contributing to an upward trend in those presenting to homelessness services.

The Daft report (2016) also highlights this as a national issue, with the number of properties available to rent in the four other cities – Cork, Galway, Limerick and Waterford – falling

from an average of 2,000 in 2012 to just over 300 in 2012. Alongside the lack of available housing, those properties that are available have risen in price- in the case of Dublin, central rents rising 46% since 2010. Rent across the country has seen significant increases, with many rents nearing peak levels that were reached in the time of economic prosperity in 2008. An analysis of rent markets by homelessness charity Dublin Simon in 2016, showed that 95% of properties available to rent are priced beyond the reach of people depending on State rent supports, meaning that in some areas there were no available properties (RTE, 2016).

This lack of housing and the expense of the housing that is available has shown itself in an upward trend in individuals presenting to homelessness services, most evident in the rise in families presenting to emergency accommodation. In February 2015, one-third of all homeless adults was a parent who was homeless with their children, while in the first three months alone of 2016 in Dublin, 293 families and an estimated 600 children have become homeless, marking a 112% increase from February 2015 (Focus Ireland, 2016). In terms of a complete overview of numbers presenting to homelessness services, there were 5,811 people 'officially homeless' in emergency homeless accommodation in February 2016, which is an increase of 48% over the previous February.

This trend is in contrast with the stated aims of the government, taken from the Government's Homelessness Policy Statement, which was published in February 2013. The statement commits to a housing-led approach to end long-term homelessness and includes a target to end involuntary long-term homelessness by the end of 2016. However if we look at an independent review of homeless services in December 2015 (Mazars), this showed that 38% of all state funding is allocated to emergency accommodation provision, the largest amount provided to of any of the homelessness service types. This review pointed out the incongruity of prioritising spending on emergency accommodation with the stated governmental aims, whilst also acknowledging that this spending was addressing a specific presenting and increasing need. The following section will examine the impacts of social housing need.

Social housing

A DRHE report (2016) concluded that August 2015 data showed that 66% of presenting homeless families attributed their primary reason for homelessness as a result of this departure from private rented accommodation as they could longer sustain tenancies in this

sector. Those families that presented were deemed to have a significantly higher poverty risk when compared to the population as a whole. While traditionally those in this bracket would be linked in with social housing, the same report noted that that the social housing stock in the region is finite, concluding that the significant move on into this type of housing for these families in 2015 would be difficult to sustain into 2016. A 2013 summary of Housing Assessments (housing.ie, 2013) showed that while a quarter of households qualified for social housing support in the twelve months before the assessment, one-fifth did so more than five years ago, highlighting that this is an ongoing need for many households. There have however been positive developments in this area. The 2016 Social Housing Output Report from the Government highlighted the fact that 13,000 social housing units were delivered in 2015 (an 86% increase from 2014) and that Dublin Region authorities must now allocate at least 50% of tenancies to homeless and other vulnerable households. In the following section, the lack of services is examined as a factor.

Lack of services

When reviewing the housing needs of people using mental health service within Ireland, there was an acknowledgement that there was a serious lack of adequate housing and accommodation options for enabling service users to move through the different stages of recovery and progress, along with an identified lack of planning for future needs of patients (Carroll & Cotter 2010). Those accessing homelessness services often, while presenting with the need for accommodation, also have other physical, mental, educational or other needs that need to be additionally provided for in order to make the most complete reintegration or recovery. Phelan and Norris (2008) cite a rise in clients presenting with complex needs, linking this to some exclusion from services due to challenging behaviours, and attribute this to a lack of governmental action on the structural causes of homelessness. Media attention on this and the broader homelessness situation is an additional factor which will be examined in the following section.

Media

Media has been shown to have significant influence in constructing the public perception of homelessness. This is important as how homelessness is perceived publicly, including assumptions on the causal factors for it, influences the types of policies that are viewed as acceptable in a country and the perception of how effective they will be (Hrast 2008). One

reason attributed to the rise in media attention on this issue is because of the aforementioned increase in families who are presenting homeless, with a particular focus on the children, as this group would be deemed of particular 'human interest'. While there are an increasing number of people presenting as homeless- with a tally of 4,068 adults and 2,121 children in late April 2016 (the Independent, 2016) - there is a disproportionate amount of media attention focused on this section of the homelessness population. Paula Maycock (2014) points out that homeless young people (18-30) do not garner the same media attention, despite accounting for up to 35% of the total homeless population, with the public perception likely to point to 'deviant' behaviour of these individuals as the explanation for their homelessness as opposed to investigating the root causes of this situation. The majority of families in Ireland, while in emergency accommodation, are temporarily housed in bed and breakfasts and hotels as opposed to a staffed project. This means that overall the staff working in such projects will be working with the remainder of the homeless demographic which does not attract as much media attention and –potentially- subsequent public understanding. This fact- the increased public perception of the problem, the increase in numbers in need of housing and the subsequent competition for such properties, and the assigned hierarchy of those within the homelessness system by the media and the public- could combine to form a felt lack of efficacy in the homelessness support worker. In the next section, the potential impacts the current homelessness situation may have on those working within the homelessness sector is examined.

Potential impact on burnout and engagement

A lack of efficacy- a sense of ineffectiveness and lack of accomplishment- is a common risk factor for burnout, and indeed comprises one third of the Maslach Human Service Survey. Cherniss (1982) however also points to the importance of acknowledging the social and political context in which workers and agencies operate when approaching burnout in this field. He expands upon some of the ways in which this may manifest. Firstly, governments or politicians may commit to something to alleviate social scrutiny but which ultimately is primarily a symbolic act- or, at the least, does not result in many tangible results. This benefits the politician involved but leads to raised hopes and expectations from the clients, staff and public who are then frustrated. Secondly, Cherniss (1982) highlights the expectations placed upon this sector as opposed to the private sector. He posits that acts that may be interpreted as wasteful or immoral are judged much more harshly- and at a much

lower threshold level- when found within the helping sector as opposed to private businesses. In order to ensure this doesn't happen, the working environment can be highly bureaucratic with excessive paperwork for accountability. Thirdly, a proliferation of organisations providing services can lead to duplication of effort, sustained by lack of co-operation between them due to competitiveness, leading to fragmentation of service delivery. Cherniss (1982) stresses that the focus on solely personal and organisation factors when looking at burnout in the human services industry ignores the significant social, political, and economic forces that also shape the quality of work life. Hock (1988) additionally highlights the impact that poor public perception of the role can have on the worker, with associated outcomes of loss of commitment and eventual loss of motivation.

Summary

This chapter has given an introduction to the research topic, with the aims, objectives and research question clarified. It then looked at some of the factors which have contributed to the current high levels of homeless individuals in Ireland, including a significant population growth, the impacts of the financial crisis, the poor levels of availability in rental market, lack of social housing relative to need, and lack of appropriate services. The impact that the medias depiction of a situation can have was then discussed, both on the public and on wider policy in this area. This can lend itself to a simplistic overview and a lack of discussion on the structural causes of this situation. Finally, Cherniss's positioning of social, political and economic forces as essential factors to consider alongside personal and organisational factors in investigating burnout in the human services industry was referenced, with unfulfilled political promises, moral scrutiny resulting in excessive paperwork, and competing organisations in a field can provide a duplication of or fragmented service to clients.

The following chapter will now detail the framework of existing research in the field of burnout and engagement, with a focus on those aspects particularly relevant to the homelessness sector.

Chapter Two

Literature review

The aim of this literature review is to provide an overview of the research that has been conducted in the area of burnout and engagement. As there are a limited amount of existing studies on burnout and engagement specifically focusing on the homelessness sector, this review mainly draws from studies of human service workers in general. A broad definition of both burnout and engagement and the history and relation of both of these concepts is followed by identified factors for each state, grouped into personal and organisational. An explanation is provided for an emphasis on organisational factors within this particular research. Factors which are identified stressors and are particularly applicable to the homelessness work context are then identified. The corresponding impacts of burnout are discussed, and the literature review concludes with a summary of the factors that the literature review indicates are particularly relevant to engagement and burnout levels.

The literature reviewed in this research was drawn from a variety of searches. The Trinity College database was primarily used to access a range of academic journals, drawing from a catalogue of resources such as PubMed, ScienceDirect and Sage, Frances and Taylor. Google Scholar was also used to obtain pertinent literature. Relevant studies were found through the use of a wide selection of search terms relating to research area, with the key search terms of 'burnout', 'engagement' and 'homelessness'. As the existing literature specifically focusing on burnout on homelessness support staff is limited, studies that examined burnout across a range of human service professions- such as mental health workers, social workers, child protection workers, nurses and teachers- as well as research on burnout and engagement as a phenomenon were also examined for relevance and included where deemed appropriate.

Definitions and Definitional Issues

Burnout has been the subject of extensive research since it first came to prominence in the 1970's through publications by Freudenberger (1975) and Maslach (1976). While different definitions exist, the most commonly referenced one is Maslach's definition of burnout as a psychological syndrome encompassing three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. The dimension of

emotional exhaustion refers to feelings of being depleted, overextended, and fatigued. Depersonalization refers to negative and cynical attitudes toward one's consumers or work in general. A reduced sense of personal accomplishment (or efficacy) involves negative self-evaluation of one's work with consumers or overall job effectiveness. Maslach, Jackson, and Leiter (1996) note that burnout should be approached as a continuous variable, ranging from low to moderate to high degrees of experienced feeling. The Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981) is the most commonly used instrument for measuring burnout, which captures the three dimensions of burnout. It is now acknowledged that burnout can be present in any field of work as it is characterised by demands exceeding resources; however, those working in human service are seen to be particularly at risk, as their work often carries particular emotional and interpersonal stressors. Bride et al (2007) speak of the impacts that the work clinical social workers carry out may have on them, and states that the indirect exposure of trauma they experience carries an inherent risk of significant emotional, cognitive, and behavioural changes for the worker, while Coates et al (2015) points to several studies that show employees in emotionally demanding roles experience high levels of stress and have higher associated turnover when compared to other fields of work.

In contrast, work engagement is defined as a positive, fulfilling work-related state of mind that is characterized by vigour, dedication, and absorption (Schaufeli et al 2002). Engagement can often be viewed as the antithesis to burnout; however while there exists strong negative correlation between the two, engagement and burnout cannot be wholly considered as simple polar opposites as elements of each can present simultaneously to varying degrees, which is why it is useful to measure the comparative existence of both states. Schaufeli (2001) additionally points to the fact that while exhaustion/vigour, and cynicism/dedication can be described as direct opposites, the final component of engagement- absorption- cannot be similarly allied with the final component of burnout-reduced efficacy. Engagement is most commonly measured through the Utrecht Work Engagement Scale (UWES) which measures these three constituting dimensions of vigour, dedication and absorption. The Utrecht Work Engagement Scale manual (Schaufeli & Bakker 2003) further clarifies these three states. Vigour refers to high levels of energy and resilience, the willingness to invest effort, not being easily fatigued, and persistence in the face of difficulties. Dedication is characterised as deriving a sense of significance from one's work, feeling enthusiastic and proud about one's job, and feeling inspired and challenged by

it. Absorption is characterised as being totally and happily immersed in one's work, having difficulties detaching oneself from it so that time passes quickly and one forgets everything else that is around. Having defined burnout and engagement, the next section will look at how best practice within the homeless sector has developed around these states.

Best Practice

Engagement has received more attention in recent years as people have begun to look at the positive impact of work as well as the negative characteristics that attend burnout. Several homelessness organisations have initiated a pro-active approach to foster resilience within staff, such as St. Mungo's, an English charity, who are applying Psychologically Informed Environments (PIE) across several of their projects. A key aspect of PIE is encouraging staff in developing awareness and skills that are psychologically informed, as well as building resilience in coping with the emotional impact of demanding work. PIE or similar programs are also being put in place in several Irish homelessness organisations such as the Dublin Simon Community. PIE relates to five core elements:

- Relationships
- Staff support and training
- The physical environment and social spaces
- A psychological framework and
- Evidence generating practice.

If the element of staff support is expanded out, it can be seen to constitute the following suggested components (No One Left Out: Solutions Ltd, 2015) of group reflective practice (in order to encourage problem solving and critical thinking) and implementation of a training programme which underpins the concept of a psychologically informed practice, available to all staff working in the project (project workers, maintenance, security, etc.). Additionally, there is a particular emphasis on the role of management in promoting staff support. It is suggested that management who wish to foster such an environment should acknowledge any emotional impacts from the work; support staff in discussing these impacts, reflecting on the work in supervision, and debriefing after difficult situations; have an "open door" policy; and seek regular feedback on staff wellbeing and work.

In a 2016 literature review of Psychologically Informed Environments, Breedvelt (2016), found that staff support was signposted as a crucial element in the success of PIE implementation in homelessness organisations. Conolly (2012) states that a successful approach should incorporate the adoption of reflective supervision in management teams, and that this should be carried out in a non-hierarchical environment so that challenging situations and reactions can be discussed openly without a fear of staff being perceived as failing in some way by these disclosures.

Measures such as these have been shown to have positive impacts, linking high employee engagement in a non-profit organization- characterised by employees who feel their organization cares about their health and well-being- to a more tenured workforce and effective group of leaders (Williams 2015). If we look at these measures as representing a new expectation of 'best practice' within homelessness services, we may link this to McGraw's study (2010) on the challenges of introducing new measures such as this to homelessness services. The study found that multiple factors can influence the adoption of best practice, including the commitment and support of the organisational leadership, staff knowledge and skills, the tendency to change practice models to fit with existing organisational cultures and the resources available to support the transfer. With the recent increased awareness of the importance of staff satisfaction in homelessness organisations (as shown by the adoption of Psychologically Informed Environments by Mungo's mentioned earlier), these findings have significance for the effectiveness of adoption of such interventions. In the following section, the moderating factors that influence burnout and engagement as identified in the literature are discussed.

Moderating Factors Influencing Burnout and Engagement

In terms of the moderators that influence burnout and engagement, factors are shared between the two states. These can be broadly split into two categories: organisational and personal factors. The following section will expand upon these two categories.

Personal Factors

Taking personal factors first, this is can be captured in how an individual "...experiences psychological distress following potentially stressful situations [and] is determined by the biological and psychological vulnerabilities and strengths he or she brings to these situations" (Atkinson et al 1996, p. 506). Personal factors can include marital status; history

of abuse; experience of family trauma; and certain personality characteristics such as perfectionism. Maslach et al (2001) looked at certain demographic factors such as age (she highlights that those with less experience, who tend to be of younger age, have a higher prevalence of burnout than those older and with more experience); living alone (linked to a higher incidence of burnout); high levels of work-family conflict (higher incidence of burnout) while personality traits such as low levels of hardiness, poor self-esteem, an external locus of control and an avoidant coping style were all identified as risk factors also. It is also noted within this research that studies on burnout relating to the variable of gender have shown conflicting results and so a value cannot be definitively placed on this factor. Siebert (2005) examined these personal factors from a large representative sample of 1,000 practicing social workers in the United States, and found that significant relationships between burnout and respondents' personal variables of demographics, personal history, and personal characteristics. Those who were unmarried and living alone; younger respondents who had less household income and more frequently had trouble with matching their income to their needs; those who had had a troubled parent and had experienced emotional abuse as a child; and those who had difficulty seeking help when issues arose and had an acute sense of personal responsibility for clients all presented at higher rates of burnout.

Cordes and Dougherty (1993), in a review of existing literature on burnout, echo several of the already cited findings in relation to personal factors, finding that research on gender has given differing results; that those younger and with less experience show a higher incidence; that those married and those with children appear to have a lower risk of burnout; and that more experience also appears to be a protective factor against burnout. The next section will now expand upon the organisational factors into burnout and engagement levels.

Organisational Factors

Within burnout research, however, typically attention is focused on occupational and organizational variables- the reasoning behind this may be illustrated in Zunz's 1998 study, which states it centres on the interplay between agency managers and their work environments largely because it "places the focus of possible interventions at the organisations level and not at an agency's attempts to change employees' individual attributes or family systems" (p. 42). A comprehensive list of the varying ways in which the organisational structure can impact on an individual can be found in the following World Health Organisation table (Leka & Jain 2010). It lists identified psychosocial hazards- or

stressors- within the workplace, all of which except the final category of home-work interface can be impacted by organisational intervention:

Job content	Lack of variety or short work cycles, fragmented or meaningless work, under use of skills, high uncertainty, continuous exposure to people through work
Workload & work pace	Work overload or under load, high levels of time pressure, continually subject to deadlines
Work Schedule	Shift working, night shifts, inflexible work schedules, unpredictable hours, long or unsociable hours
Control	Low participation in decision making, lack of control over workload, pacing, etc.
Environment and equipment	Inadequate equipment availability, suitability or maintenance; poor environmental conditions such as lack of space, poor light, excessive noise
Organisational culture and function	Poor communication, low levels of support or problem solving and personal development, lack of definition of, or agreement on, organisational objectives
Interpersonal relationships at work	Social or physical isolation, poor relationships with superiors, interpersonal conflict, lack of social support, bullying, harassment
Role in organisation	Role ambiguity, role conflict and responsibility for people
Career development	Career stagnation and uncertainty, under promotion or over promotion, poor pay, job insecurity, low social value to work
Home-work interface	Conflicting demands of work and home, low support at home, dual career problems.

The majority of the reasons cited for job turnover and intention to leave in human service workers are organisational (Barak et al, 2001), while a supportive environment can facilitate retention of workers (Riggs et al, 2001). Likewise Acker (2004) concluded that organisational conditions are strong predictors for job satisfaction and intention to leave. A study on worker burnout within county homeless shelters in Washington D.C. (Sutton-Broc

2013) found that, despite an initial focus on the impacts of the client responsiveness to interventions, workers instead attributed difficulty with job stress and low client program compliance to organizational conditions which limited or compromised resources. For the above reasons and as personal factors such as bio-psycho-social history cannot be influenced by the organisation, in this present study a focus has been placed on how organisational factors may contribute to burnout and engagement, while simultaneously acknowledging that individual histories may also carry an impact in the findings.

A wide variety of organisational and occupational variables have been cited as factors in burnout and engagement. Autonomy in work, for example: Kowalski (2010) in a 2002 survey of 132 nurses in Germany, found that 'decision latitude' was a key factor and was negatively associated with high levels of emotional exhaustion. A second factor is feedback about work performance (Maslach & Jackson 1981), found that those who have a high level of direct and clear information about job performance score lower on emotional exhaustion and depersonalisation, and score higher on personal accomplishment). Input into organisational decisions (Schaubroeck and Jennings 1991); job clarity (Fawzy et al, 1983); and quality of supervisory relationship were also assessed as key variables, with Ito et al (1999)- in a study of 3,774 staff members working across a variety of facilities for persons with mental retardation- finding that staff members who had a poor supervisor relationship, characterised by feeling unable to discuss work or personal problems with, presented with higher burnout scores. Similarly, Gibson et al (2009) found that when rates of burnout were assessed in therapists working with young children with autism, a perceived high level of supervisory support was linked to reduced burnout and increased self-efficacy, while also moderating the negative impacts of work demands. Zopiatis & Constanti (2010) identified effective leadership as a factor, finding that leaders with a more 'transformational' style as opposed to a passive avoidance leadership style had a positive impact on levels of burnout. Workload has also been recognised as a factor, with a study of 1363 hospital-based nurses by Greenglass et al (2001) finding that workload was positively related to emotional exhaustion. Meanwhile Auerbach (2010) found the key factor predicting voluntary agency workers' intention to leave was their dissatisfaction with their level of pay. These stated factors have been shown to be moderators in a variety of work settings; the next section will examine in more detail those factors particularly relevant to the homelessness sector.

Influencing Factors Specific to the Homeless Sector

The factors influencing burnout that can be identified as particularly relevant to the homelessness sector include: the client group, availability of team support, quality and provision of supervision and line management and organisational specific factors including feeling valued by the organisation and identifying with the organisation's work.

Nature of client group

The homelessness client group typically has several characteristics which heighten the possibility of stress occurring within those working with this group. The client group has exceptionally high rates of suicidal ideation and action (Haw, Hawton, & Casey, 2006), with Fitzpatrick et al (2007) concluding that, while suicidal ideation occurs in approximately three percent of the US population per year, their results showed rates that were ten times higher in a study of 161 US homeless individuals. They also have a shorter life expectancy overall (Haw et al., 2006), with Morrison (2009) finding that homelessness is an independent risk factor for deaths from specific causes. As such, staff are likely to encounter individuals at extreme risk of death and to be regularly exposed to the deaths of service users during the course of their work (Lakeman, 2011). There are specific stresses associated with caring for those who are sick and/or dying (Maslach 2003) along with the felt responsibility for others' lives (Levert et al, 2000).

Schulz et al (1995) has gathered several identified contributing factors for burnout in those working with persons with severe mental illness. [Serious mental disorders are found at a higher incidence level within the homeless population (Fazel et al 2008) so can be related to the client group identified.] Staff working with clients with long-term mental illness (Finch and Krantz 1991), major social problems (Beck 1987) and clients who are unappreciative toward staff working with them (Farber and Heifetz 1982) have all been linked to higher incidence of staff burnout. Hastings and Brown (2002) highlight the emotional energy required when working with clients with complex needs, and negative emotional reactions to clients challenging behaviour has been shown to also contribute to burnout (Rose et al 2004; Mitchell & Hastings 2001). The extent and type of client contact that workers experience has been assessed as a stressor (Savicki & Cooley 1987); however it is difficult to categorically link levels of stress with 'high' and 'low' client contact as while 'high' contact has associated stressors- such as greater involvement being related significantly to higher levels

of emotional exhaustion and depersonalization (Acker 1999) - 'low' contact with client is compensated with additional demands such as paperwork.

Related to the nature of the client group, one factor that has particular relevance for homelessness support workers in Ireland currently is Cherniss's (1980) attribution of depersonalisation as potentially caused by an inability to solve a client's problems. Efficacy- the ability to produce a desired result- emerged as a key moderator for burnout and engagement (along with support). Shoptaw et al (2000) looked at burnout in a study of 134 substance abuse counsellors based in a variety of clinics across the United States, and found that efficacy was linked as a key moderator in each of the three elements of burnout: emotional exhaustion and depersonalization were significantly predicted by less support and less efficacy, with personal accomplishment predicted by more efficacy and support. High levels of time pressure and low levels of self-efficacy for being productive at work were also identified by Baker et al (2007) as predictors of emotional exhaustion. Brown & Quick (2013) discuss how the nature of the environment that the organization is competing in can act as an precursor of burnout if turbulent or under strain (for instance in times of economic downturn, or in this case increased demand on the services, as discussed in chapter one.)

However, while the homelessness sector as a work environment has not been the subject of many burnout studies, a recurring theme within that which exist is that despite the challenges of working with this client group, it is the organisational structure and culture that emerges as being consistently mentioned as a key moderator (Francis, 2000) (Sutton-Broc 2013), with Hoge (2007), highlighting the need for a supportive work environment and the introduction of measures to enhance it where possible.

Team support

Positive interaction with and support from co-workers is presented in several studies as having a mediating impact on burnout levels. (Chiaburu & Harrison, 2008) (Conrad and Kellar-Guenther, 2006), particularly for the opportunities to discuss work situations and seek advice (Brotheridge 2001). This is deemed particularly important in 'emotion work' where burnout can be slowed by the presence of a "climate of authenticity" among one's co-workers (Grandey, 2012). Lakeman (2011) found that within homelessness staff, there was a need to '...experience rather than suppress thoughts and feelings' and that within well-functioning work teams, there is an open acknowledgement of emotional impacts. In a study

of 28 substance abuse treatment counsellors in a southern US state, all counsellors cited co-worker support (along with clinical supervision and self-care) as an important strategy for managing burnout (Osner et al, 2013). Brown and O'Brien (1998) found that shelter staff utilising avoidant coping strategies that involved mentally distancing oneself from the stressor were related to emotional exhaustion and depersonalisation; those with lower levels of burnout instead used active coping, positive reinterpretation and planning to deal with stressful situations. As mentioned in the introduction, Maslach and Leiter (2005) also position those working in the non-profit sector as at potentially higher risk of burnout due to typically lower job resources and a highly felt sense of personal responsibility which can contribute to the worker over-extending themselves. The role of supervision and appropriate line management is especially critical in this regard, as the next section explains.

Supervision and direct management

The quality of the supervisory relationship and overall value it is felt the organisation places on its workers, has significant impact on levels of burnout and engagement in staff. A lack of managerial support has also been linked to burnout (Maslach et al., 2001). One of the key points identified in Maslach's study was recognition for a skill or talent. Feeling undervalued at work further contributes to poor job satisfaction and burnout (Evans et al, 2006). In a study of 641 teachers across 40 Israeli elementary schools, teachers presented with increased levels of burnout when they felt underappreciated and unrecognised, despite their own confidence in their skills (Friedman and Farber 1992), while employee mentoring with a focus on career development has been shown to have a burnout reducing effect (Van Emmerik, 2004). A 2005 study (Hyrkäs 2005) of Finnish mental health and psychiatric nurses, examined the impacts of clinical supervision (lasting a minimum of six months) in relation to levels of burnout and job satisfaction experienced by these health care professionals. The results of this study showed that supervision had benefits for both their job satisfaction and levels of stress. Yagil (2006) similarly examined both the positive and negative aspect of supervision. She notes that an abusive supervisory relationship does not necessarily contain wilful hostility, but that an indifferent attitude can also fall into this category. In her study of 249 Israeli employees across a range of organizational settings, she found that abusive leadership was positively related to emotional exhaustion and depersonalization, with supportive leadership related to increased personal

accomplishment. Factors associated with the wider organisation will be examined in the following section.

Wider organisation

The level of commitment or identification with the work that is being done has also been linked to a lower incidence of turnover. (Chernesky and Israel 2009; Strolin-Goltzman 2008; Stalker et al 2007). Where there is a lack of clarity around the job role itself or the job is accompanied by conflicting expectations of what the work should be, this is also linked to higher levels of stress and burnout (Lloyd et al 2002). McFadden et al (2014) cites several studies which conclude that retention is aided when a worker feels commitment to the agency, and has a positive supervisory relationship and expresses contentment with working conditions. The perception of management support and care is reflected and linked to the perception of the broader organisational care and support for the worker (Kossek, Pichler, Bodner, and Hammer, 2011). Working hours and managerial support are cited frequently as important factors for employees (Frone et al, 1997, Smith and Gardner, 2007, Winstanley et al., 2003). Organizational commitment and valuing employees is seen as a key element in impacting turnover in Zlotnik et al's 2005 study on child welfare workers.

This section has explored factors influencing burnout that can be identified as particularly relevant to the homelessness sector, including the client group, availability of team support, quality and provision of supervision and line management and organisational specific factors such as feeling valued by the organisation and identifying with the organisation's work.

The following section focuses attention on the impact of burnout at both individual and organisational levels.

Impacts of Burnout

Burnout impacts negatively in several different ways. If we first look at the impacts evident on the individual worker, it is linked to sickness, reduced job satisfaction, lower organisational commitment and absenteeism (Robertson et al., 2005; Hatton & Emerson, 1998; Hatton et al, 1999) and vicarious trauma (Canfield, 2005),

Focusing specifically on vicarious trauma, the term 'vicarious trauma' has been used to describe the impact on workers of secondary exposure to traumatic experiences through

working with individuals who have had traumatic experiences. Figley (1999) notes how work that involves empathising with clients that have such experiences, while helping garner increased understanding for the worker, carries the risk of this secondary traumatisation. The incidence of traumatic experiences such as sexual and physical assaults typically presents at much higher rates than average within the homeless population. A Toronto specific report on the health of homeless individuals in 2007 (Street Health, 2007) showed that 1 in 5 women surveyed had been sexually assaulted or raped in the past year, while a study of 2577 homeless or marginally housed individuals in California found that 32.3% of women, 27.1% of men, and 38.1% of transgendered persons reported a history of either sexual or physical assault in the previous year (Kushel et al 2003). An LA study comparing housed to homeless mothers found that homeless mothers more commonly reported spousal abuse and child abuse, and more commonly came from homes where their parents abused drugs or alcohol (Wood et al 1990). Secondary trauma is differentiated from burnout as, while similar in presenting impacts on workers, it occurs as a result of hearing emotionally shocking material from clients, whereas burnout can occur as a result of work with any client group, but in response to stressors resulting from the organizational environment (Iliffe & Steed, 2000). Nevertheless it is important to note as that this aspect of the work may also contribute to burnout levels in the cohort studied in this research.

For the organisation and clients, burnout is associated with staff turnover (Maslach et al 2001), has significant economic repercussions (Yaniv, 1995) and impacts on the quality of service delivered (Flower et al 2005; DePanfilis & Zlotnik 2008; Garman et al 2002).

One of the most commonly cited outcomes of burnout is staff turnover and intention to leave (Jourdain & Chenevert 2010). Staff turnover is a documented issue for homelessness organisations (Olivet et al 2010; McGraw et al., 2009) and has significant economic repercussions for organisations (Bradley & Sutherland 1995), bringing with it associated issues of inexperienced staff teams (Healy et al 2009). A recent report shows that UK social care workers had a turnover rate of 25.4% in 2014 (Skills for Care, 2015), while the Irish Social Work Qualifications Board reports half of social work agencies experience difficulty in sourcing qualified and experienced candidates for vacancies, despite an appropriate population of qualified social workers (NSWQB 2006). Landrum et al (2012) found that staff turnover was reflected in increased work demands and a drop in the perceived level of support available. Knight et al (2012) found that staff turnover in outpatient substance abuse

treatment programs was reflected in increased work demands and a drop in the perceived level of support available. Hodge (2007) talks about the high levels of turnover found in substance use disorder treatment counsellors in the US, with one ongoing study placing it at an 18.5% average, much higher than the national average of 11%. Another study (McLellan et al) in 2003, however, reported approximately 53% turnover of American substance abuse counsellors in a single year, which would support the fact that this field has particular concerns as regards rates of turnover.

A World Health Organisation publication (Leka & Jain 2010) into the health impact of psychosocial hazards at work, found that, along with general physical and mental health impacts, heart disease, depression, and musculoskeletal disorders are linked with psychosocial hazards such as stressful job content, work organisation and management, and other environmental and organisational conditions. The existence of burnout can also present through indicators such as absenteeism and sickness absence (Spurgeon, Harrington & Cooper 1997; Väänänen et al 2004).

Several studies across different human service professions have also highlighted the link between staff satisfaction and client satisfaction (Greener et al). Judge, Thoresen, Bono and Patton (2001) found a moderate link between job satisfaction and performance, and this is evidenced where (within a nursing context) the job satisfaction of the staff was found to be the biggest factor in the satisfaction levels of the clients (Weisman and Nathanson 1985), while similarly in treatment services client engagement was recorded at higher levels where staff were positive about the work context (Greener et al 2007).

Summary

In summary, the existing literature on this area indicates that there are a wide variety of factors that can impact on levels of burnout and engagement within human service workers. While both personal and organisational factors can contribute to burnout, overall there has been a focus on organisational factors within studies on this issue. Cited moderators include interactions with co-workers; open acknowledgement of emotional impacts of the work; feeling valued by the organisation; feeling effective in the job; the quality of the supervisory relationship; wider organisational support; commitment to the organisation; potential for progression; the nature of the client group and the extent of client contact; and work shifts.

Burnout has been shown to have negative consequences for the organisation, the client and the individual.

As detailed in this chapter, the factors influencing burnout and engagement have received considerable attention from researchers in a general context. However, there is a lack of studies focusing on these two states in relation to staff within the homelessness sector. With particular reference to the wider Irish homelessness context, which is identified as a potential risk factor of itself, the research investigates the levels of burnout and engagement for Irish homelessness support workers with the aim of identifying recommendations for this sector. The form which this research takes is identified in the following chapter.

Chapter Three

Methodology

Introduction

This section provides an overview of the different research methods available and explains the rationale for the chosen research design, and the data collection methods employed. The recruitment of the participants involved in this research will be discussed, as well as the process of conducting the research. The analysis applied to this collected data, along with the ethical considerations and limitations of this research, are then discussed.

Rationale for methodology

Research methods can be configured into two categories, namely quantitative and qualitative. The choice of either method is often guided by the research paradigm, which is a set of fundamental assumptions and belief as to how the world is perceived which then serves as a thinking framework. This can be further expanded as their beliefs about the nature of the social world and what can be known about it (ontology), the nature of knowledge and how it can be acquired (epistemology), the purpose(s) and goals of the research, the characteristics of the research participants, the audience for the research, the funders of the research, and the position and environment of the researchers themselves (Ritchie and Lewis 2003).

The quantitative paradigm is based on positivism and posits the existence of an objective reality. This type of research consists of studies in which the data concerned can be analysed numerically (Best and Khan, 1989), and where the goal is to measure and analyse causal relationships between variables within a value-free framework (Denzin and Lincoln, 1994).

Qualitative research however is concerned with collecting and analysing information which "implies a direct concern with the experience as it is 'lived' or 'felt' or 'undergone'" (Sherman and Webb, 1988; p.7). As a paradigm it is based on interpretivism and constructivism, and suggests a multifaceted approach to reality, that maintains that reality is generated through social interaction and iterative processes and as such can only be viewed subjectively (Johnson & Onwuegbuzie 2004).

Due to the differing nature of each approach, some such as Howe (1998) maintain that qualitative and quantitative research paradigms, including their associated methods, cannot and should not be mixed. Others such as Bryman (1984), however, support a combined approach of qualitative and quantitative to research, and in recent years mixed methods research (MMR) has seen an increase in popularity (Creswell, 2003). Johnson and Onwuegbuzie (2004) highlight the similarities between the two approaches, for instance that both use empirical observations to address research questions, and employ many of the same approaches to their investigations. Wahyuni (2012) categorizes this as the pragmatic approach, which asserts that these paradigms of objectivism and subjectivism are not mutually exclusive, and that a mix of ontology, epistemology and axiology is acceptable to approach and understand social phenomena. By utilising such a mixed methods approach, researchers may select the most appropriate components to ensure their research question is answered to the fullest, i.e., the emphasis is on what works best to address the research problem at hand. Feilzer (2010) further describes the pragmatic researcher as seeing the world as consisting of many layered possibilities, and that rather than seeking a definite ‘truth’ or many ‘truths’, their primary intent instead is that the research be useful. It is within this pragmatic paradigm that this present research is situated, and as such its starting point involved an assessment of the research question to evaluate which would be the most appropriate method of collecting data in order to answer that question.

For the purpose of this present research, which seeks to evaluate the burnout and engagement levels for a sample of homelessness support workers, and an investigation of what (if any) emergent risk and protective factors were for each state, such a mixed methods approach was chosen, with the belief that this would best facilitate the question. The quantitative data was generated through the completion of two separate surveys- the Maslach Burnout Inventory- Human Services Survey (MBI-HSS) (Appendix E) and the Utrecht Work Engagement Scale (UWES) (Appendix F) (these tools are explained in detail in the following section). A semi-structured interview took place immediately following completion of the quantitative data survey (Appendix G)

Data Collection Methods

This section will outline the nature of the quantitative and qualitative methods used in this research.

Quantitative

To obtain the quantitative data, this research has employed the Maslach Burnout Inventory, which consists of 22 items, and is measured with a 7-point Likert scale, ranging from 0 = Never and 6 = Every day. The normative scores provided by Maslach and Jackson (1986) for social service workers: 28 or higher on emotional exhaustion; 11 or higher on depersonalization; and 29 or lower on personal accomplishment, were used for assessing levels of each aspect of burnout. The MBI is the most widely used tool in assessing burnout (Schaufeli & Buunk 2003), and its validity has been proven on samples of healthcare professionals (Hallberg & Sverke 2004) and social workers (Kim et al 2011).

The Utrecht Work Engagement Scale consists of 17 items, and is similarly measured with a 7-point Likert scale, ranging from 0 = Never and 6 = Every day. Seppälä et al (2009) have examined this model and determined it to possess good construct validity and can be recommended in future research, additionally noting that work engagement seems to be a consistent indicator of occupational well-being. As mentioned earlier, Schaufeli et al (2001) highlights that while the results of exhaustion/vigour, and cynicism/dedication should be directly negatively correlated, the final component of engagement- absorption- cannot be so closely tied with the remaining component of burnout, reduced efficacy. To study the level of different burnout and engagement syndromes of the participants, the means and standard deviations of separate dimensions were calculated.

Each of the nine participants completed both of the surveys. The results were viewed through two different lenses: firstly the responses of the entirety of the participants were assessed and then the aggregate responses of the distinct organisations were examined. These results were evaluated through statistical comparison, with scores categorised into levels of burnout and engagement for each organisation, and the relationship between the two states investigated. In order to ensure confidentiality, the organisations are referred to as Organisation A (comprising of four participants) and Organisation B (containing the remaining five participants). Details of the collection of the qualitative data are outlined in the next section.

Qualitative

Alvesson and Ashcraft, writing in Symon and Cassell's 2012 publication on qualitative research, state that research interviews are 'deemed reliable gateways into what goes on in an

organisation; how leadership is conducted, what values and beliefs people hold, how decision are made (p. 240)' and so on. The semi-structured interview method was chosen as within this relatively informal and personal context, complex and sensitive issues can be touched upon (Louise Barriball & While 1994). This method was also chosen as this in-depth interviewing can allow the words of the participant and their experience to be fully expressed (Hesse-Biber & Leavy, 2010).

Prior to conducting the interviews, some key emergent factors from the literature were collected and provided a framework for the semi-structured interview (Appendix G). Consideration was given to the fact that, due to the conversational nature of this method, questions may be expressed in different language to different participants- however to ensure maximum validity, an equivalence of meaning (Denzin 1989) in the phrasing was maintained.

Recruitment of Participants

Irish homelessness organisations were invited to participate in this research through phone and email contact, with an outline of the research proposed and the expected requirements of participating circulated (Appendix A). Two organisations agreed to participate. Following procurement of permission from the organisational gatekeeper, in the form of a research officer from Organisation A and a project leader in Organisation B, participants were then purposively sampled from the workforce (Appendix B) by these gatekeepers circulating the research details to staff teams within their respective organisations. Individuals who expressed interest in participating after circulation of the research details comprised of nine homelessness support workers from the two distinct organisations, with a division of four and five participants from the two organisations. All of the participants were working directly in some form with clients and represented a range of experiences across the sector (outreach, emergency accommodation, residential and tenancy sustainment). A brief description of what each of these services entails follows.

Outreach is typically involves workers making contact with those currently 'on the street'; this includes long term entrenched rough sleepers and covering the continuum up to those who have recently become homeless. Their primary role is to link these individuals in with support and housing if so desired and provide advice and assistance where possible.

Emergency accommodation is short term accommodation; homeless individuals can have a

placement in such a project lasting one night up to a maximum stay of six months. Such projects are generally staffed on a twenty-four hour basis. They can range from low to high threshold, with low threshold operating on a harm-reduction approach. A harm-reduction approach is one which does not limit access to services due to drug or alcohol consumption, for example, with high threshold typified by some qualifiers around access. Residential services can range from low, medium to high support. Depending on the level of support, staffing can vary between set shifts and twenty-four hour cover. Tenancy sustainment is working with individuals and families who are in their own accommodation but for whatever reason may be at risk of losing their accommodation. Staff work with these clients on any presenting issues that may impact their accommodation sustainment, generally for a period of three to six months.

These workers then contacted the researcher directly using the contact details provided in the previous information circulated. These participants then received further details on the research (Appendix C). A time and date to carry out both the semi-structured interview and the two surveys was then agreed between the researcher and the participant. Interviews took place at a time and location to suit the participants.

Conducting the Research

Prior to collecting the data, the researcher and participant signed a consent form which outlined the manner in which the data would be collected, used and stored, and clarified issues of confidentiality and anonymity. The storage of data was stated to comply with the Data Protection (Amendment) Act 2003, with all data files password-protected and deleted in line with the TCD data retention policy, which states that associated raw data will be destroyed after the exam board confirms the result of the dissertation and for anonymised interview transcripts and questionnaires to be retained for two years from the date of the exam board

Secondly, due to the nature of the research and the fact that participants may recall negative experiences (with potentially emotional reactions), it was highlighted that participation was on a voluntary basis and that any questions they would prefer not to answer they could refrain from doing so, without penalty. Due to the small sample of participants, potentially identifying information such as detailed demographic data has not been considered or included in the findings. With permission from the research participants, all the interviews

were digitally recorded and fully transcribed. Interviews lasted approximately 30 minutes to 60 minutes.

Analysis

Following completion of the quantitative data, these results were evaluated through statistical comparison, with scores categorised into levels of burnout and engagement for each organisation, and the relationship between the two states investigated. Regarding the qualitative data, thematic analysis of the interviews was undertaken by means of content analysis (Strauss & Corbin 1990), and specifically open coding (a process of breaking down, examining, comparing, conceptualising and categorising data). In implementing both methodological and data triangulation this method aimed to provide an integrated and informative answer to the research question (Creswell, 2013). While, due to the small number of participants, this research cannot be generalised to the wider population of homelessness support workers, the data presented has strong internal validity and reliability due to this triangulation.

Ethical Considerations

Comprehensive attention was given to the ethical considerations involved in this research. With a stated and acknowledged responsibility towards the 'researched', whose dignity and well-being is absolutely integral to the integrity of the research, the researcher's responsibility was to conduct ethical research that protects the research participants and respects their rights. Ethically sound research is said to reflect three fundamental core features: ensuring voluntary informed consent; doing no harm; and the guaranteeing of confidentiality and anonymity. The research design adopted safeguards for participants across each of these three core features. Voluntary informed consent was sought through the dissemination of research invitation via a gatekeeper organisation; after agreeing to be involved, details of what the research would entail was discussed with the participant and a consent form signed voluntarily by them prior to carrying out either the quantitative or qualitative aspect of the research. In reference to 'doing no harm', as the subject matter of the interviews drew on personal experience (with the potential for distressing events being recalled), the researcher emphasised that any questions the participant preferred not to answer did not need to be; the researcher also monitored the participant for any signs of distress throughout the interview process. Anonymity was assured (within the limits defined

as participants may be identifiable by their expressed opinions) and care was taken to remove any identifying experience or direct quote that would definitively identify the participant. Confidentiality was also assured but within the limits explained to the participants; namely if they disclosed any information that caused concern for their safety or anyone else. No ethical issues arose during the interview process with any of the participants. Details of the ethical approval from Trinity College Dublin can be seen in Appendix H.

Limitations

While the quantitative data accompanies and contextualises the qualitative data through assessing both burnout and engagement levels using accepted recording instruments, the small scale nature of this inquiry, engaging nine participants, renders this data applicable to this specific sub set and is not generalizable to the wider homelessness support staff population.

Some limitations of qualitative interviewing- such as those defined by Marshall and Rossman (1999) and Lindlof (1995)- must be considered. These are that the interview's success is dependent on the relationship between the participant and the interviewer; that the participant may not be wholly truthful in their answers as '...actors' accounts are both corrigible and limited by the existence of unacknowledged conditions, unintended consequences, tacit skills and unconscious motivations' (Bhaskar, 1998: xvi); the fact that there is a considerable amount of data generated; and on the quality of the data generated.

'Active interviewing' is one approach to conduct qualitative interviews, with the interview viewed as a 'co-construction of knowledge' between the interviewer and the interviewee, with the interviewer 'actively engaged in the interactional co-construction of the interviews content' (Holstein & Gubrium, 1995). This was the approach through which qualitative interviews were conducted. A previously mentioned consideration had to take into account was the fact that the researcher had previous experience in this sector, as Roulston (2010: 115-116) highlights that

Interviewers work in local contexts and are informed by their own and others' racial, ethnic, cultural, and national origins. Combined with the specificities of the class, gender, language abilities, status, age, and education—in addition to any number of other social locations—of both participant and researcher, and the extent and nature of

their prior relationship, qualitative researcher projects each bear the unique imprints of the particular set of complex relationships and interactions that unfold. Thus, it is a useful move for qualitative researchers to critically consider their subject positions in relation to their research topic and those involved in their studies.

While this was a consideration in conducting the interviews, this fact did hold a benefit in establishing a rapport between the researcher and the participants. Taking the aforementioned potential pitfalls of qualitative interviewing- rapport-dependent, the potential for omission from participants, the amount of data generated and the quality of data- these were approached in the following ways. Before beginning each interview, the researcher's work experience in this sector was disclosed and contextualised in terms of the interest in this research topic, while additionally clarifying that this research was carried out independent of their respective organisation. This was of benefit during the interview process as the researcher was familiar with several of the referenced processes (allowing the participant to elaborate on their reaction to the issue in question as opposed to explaining the constituting details of it) and sector-specific language (which helped with facilitating 'native' responses). At the same time the researcher highlighted that they had no working experience within the participants specific organisation, in line with Spradely's (1979) direction to 'express cultural ignorance' in order to encourage the participant provide their own experiences. The clarification that the researcher was not receiving funding from their organisation and would ensure (insofar as possible) that their contributions remained non-identifiable aimed to facilitate open and honest discussion. Each of the interviews did not exceed an hour in duration which, coupled with the relatively small number of participants, ensured the data, while in-depth, was of a manageable quantity. To ensure that the interviews provided useful data, prior to the interviews key factors from the existing research informed the formulation of the interview schedule. While the schedule provided structure to the interviews, the interview was nevertheless a 'conversation with a purpose' (Rubin & Rubin 1995) as opposed to formal interview, and time was accorded throughout for participants to expand on certain aspects they wished to.

Summary

This chapter has outlined the research design and the research process engaged in for the purpose of answering the research questions. A mixed method of research was employed, using quantitative data- comprising of two surveys, the Maslach Burnout Inventory and the

Utrecht Engagement Survey- and semi-structured qualitative interviews. Recruitment of participants was accomplished through approaching homelessness organisations with details of the research and what would be required by participants. Two organisations agreed to facilitate the research and a total of nine participants participated. All of the participants were working directly in some form with homeless clients and represented a range of experiences across the sector (residential, outreach, emergency accommodation). The following chapter will outline the findings from this collected and analysed data.

Chapter Four

Findings

As referenced in the literature review, there are a wide variety of moderators that have been linked with burnout and engagement levels for individuals working within the human services sector. Of particular relevance to this research is the existing environment of the homelessness situation in Ireland, and the potential impact this fact may have on the levels of burnout and engagement for homelessness support workers. Specifically, the key questions this research is concerned with are:

- 1) What are the burnout and engagement levels for this specific sample of homelessness support workers?
- 2) What, if any, are the emergent risk and protective factors on the prevalence of burnout?
- 3) How effective is the mediation of risk and protective factors through organisational interventions?

In order to best capture data relevant to these questions, a mixed methods approach including two quantitative tools (the Maslach Burnout Inventory and the Utrecht Work Engagement Survey) and a semi-structured interview, was carried out with the nine participants employed across two separate homelessness organisations.

The interview structure was simultaneously informed by the literature reviewed, as set out in chapter two, whilst also leaving the conversation open enough for participants to express other elements they considered relevant to their experience.

This chapter will begin by introducing the participants to the reader, providing a brief overview of the findings, before introducing the themes which emerged from the analysis of findings and presenting these in further detail.

Introduction to the research participants

As the previous chapter outlined, the participants were purposively sampled from two separate homelessness organisations working in Ireland. Four participants from Organisation A and five participants from Organisation B participated in this research. Both organisations

were urban based and of a similar size. These individuals represented a variety of projects- for example, outreach and short-term accommodation- and all had direct client contact in some form in their role. While all participants were working in some form of direct support services to homeless individuals at the point of interview, it should be noted that several reported extensive experience in this sector, covering both different projects and different organisations. As such, they drew upon all of their experience in qualifying what they viewed as moderators for burnout and engagement, not just those specific to their current role and place of employment. The majority of participants were female. The extent of experience within this sector ranged from under a year to over 20 years.

As there are two distinct organisations represented in these findings, quotes contained within the findings will be identified as originating from an individual from Organisation A or Organisation B by the markers (OA) and (OB), respectively.

Overview of findings

Following transcription and analysis, several key themes emerged from analysis of the interviews, which can be broadly grouped into three headings, as follows:

1. Team Relationships;
2. Role of organisation; and
3. Efficacy.

All participants cited the relationship with their team as one of, if not the biggest support where open discussion of opinions (no 'group-think) was highly valued. Other specific factors that were identified as protective, included a feeling that management understood the demands of the job; there was an acknowledgement of emotional stress in the job and a degree of self-awareness around this; participants the importance of feeling valued as staff members through the provision of organisational supports; and appreciated the celebrating of successes as they occur; and supervision. The stressors referenced included shift work; the degree personal responsibility experienced; the current homelessness context (impacting through a lack of appropriate services and accommodation to refer onto and a general frustration and feeling of helplessness); client interaction; team dynamic; and a lack of organisational appreciation for the work demands and the needs of the staff. Another factor that was mentioned that was presented as a 'manageable' stressor and understood as an

element of the work was the need to be flexible in dealing with work as it presented itself, both in terms of occasional need to stay late to deal with an issue and working with clients in general. While in general the majority of workers were happy with the specific organisation they were working for, there was a notable difference in how valued the workers felt between the two organisations interviewed. Organisation A had undergone significant organisational changes in recent years, resulting in a distinct felt division between upper management and staff. While on the whole it was felt improvements had been made in the interim, there was a feeling that there were discrepancy between what was said and the actions that were taken. An additional difference that could be observed between the two organisations was that, while participants from both named the current homelessness situation as a challenge, the subsequent impact of organisational funding demands on their work was only referenced in detail by Organisation A. Several workers from this organisation acknowledged the importance of accountability- however funding is closely tied to outcomes and interventions as shown through recording of such on the Pathway Accommodation and Support System (PASS), an online system established by the Dublin Region Homeless Executive which serves to collect information from homelessness organisations on the service they are providing. Some participants felt that there was a tension between the client contact aspect of their role and the time required for the administration required to record these interventions; additionally it was felt that there may be a focus on these outcomes without appreciating the context behind it. All participants who mentioned this demand on obtaining and recording these outcomes however pointed to this as a filtration of the extreme pressure they viewed the upper management as being under to obtain and retain funding. In terms of the quantitative data, none of the participants were assessed at burnout levels; however Organisation A showed relatively higher levels of emotional exhaustion, depersonalisation and lower levels of personal accomplishment in comparison to Organisation B, while Organisation B showed relatively higher levels of engagement, which echo the overall findings from the qualitative data. The next section will proceed to expand upon this overview of findings in further detail.

Quantitative results

This section will detail the data gathered from the quantitative tools of the Maslach Burnout Inventory and the Utrecht Work Engagement Survey.

Burnout

In assessing burnout levels, this research has used the Maslach Burnout Inventory tool. This consists of 22 items, and is measured with a 7-point Likert scale, ranging from 0 = Never and 6 = Every day. The MBI is the most widely used tool in assessing burnout (Schaufeli & Buunk 2003), and its validity has been proven on samples of healthcare professionals (Hallberg & Sverke 2004) and social workers (Kim et al 2011). Burnout is measured in three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. The dimension of emotional exhaustion refers to feelings of being depleted, overextended, and fatigued. Depersonalization refers to negative and cynical attitudes toward one's consumers or work in general. A reduced sense of personal accomplishment (or efficacy) involves negative self-evaluation of one's work with consumers or overall job effectiveness.

The normative scores provided by Maslach and Jackson (1986) for social service workers were used to assess the results from the Maslach burnout inventory test, with the associated scores of 28 or higher on emotional exhaustion; 11 or higher on depersonalization; and 29 or lower on personal accomplishment as indicating levels of burnout.

To study the level of different burnout syndromes of the participants, the means and standard deviations of the three burnout syndromes were calculated. The mean scores for emotional exhaustion, depersonalization and personal accomplishment for all participants are 13.4 (SD = 1.37), 5.2 (SD = 4.56) and 37 (SD = 0.89), respectively. While overall neither organisation met the specifications for burnout on any of the syndromes, when viewed side by side however, one can see that the participants from Organisation B have significantly lower levels of emotional exhaustion (with an average of 6.4 as opposed to Organisations B's 22.25) and to a lesser extent on Depersonalisation, with a score of 2.6 as opposed to Organisation B's 8.5. Both organisations recorded similar levels of Personal Accomplishment.

The results are shown in Table [1](#).

Table 1: Maslach Burnout Inventory Results

Total results (both Organisation A and B)		
	Average	Standard deviation
EE	13.4	1.37
DP	5.2	1.56
PA	37	0.89
Organisation A		
	Average	Standard deviation
EE	22.25	1.94
DP	8.5	1.53
PA	35.25	0.63
Organisation B		
	Average	Standard Deviation
EE	6.4	0.67
DP	2.6	0.48
PA	38.4	1.55

Engagement

Engagement was measured using the Utrecht Work Engagement Scale (UWES). The UWES consists of 17 items, and, similarly to the MBI tool, is measured with a 7-point Likert scale, ranging from 0 = Never and 6 = Every day. Seppälä et al (2009) have examined this model and determined it to possess good construct validity and can be recommended in future research. Engagement as a concept reflects three dimensions: *Vigour* is measured by six items (e.g., “When I get up in the morning, I feel like going to work”); *Dedication* is measured by five items (e.g., “I am proud of the work I do”); and *Absorption* is measured by six items (e.g., “I am immersed in my work”). High scores on all three dimensions indicate strong work engagement.

Out of the theoretical range of 0–6, the mean score (standard deviation) for both organisations were 4.3 (0.94), 4.76 (1.10) and 4 (0.96) for the total score, vigour, dedication,

and absorption, respectively, which indicate high levels of engagement. Again, there were some slight differences to be noted between the two organisations, with an overall engagement score of 4.88 seen in Organisation B compared to Organisation A's 3.82, as illustrated in the following table:

Table 2: Utrecht Work Engagement Survey Results

Total results (both Organisation A and B)		
	Average	Standard deviation
Vigour	4.3	0.94
Dedication	4.76	1.10
Absorption	4	0.96
Organisation A		
	Average	Standard deviation
Vigour	3.8	1.1
Dedication	3.95	1.59
Absorption	3.7	1.1
Organisation B		
	Average	Standard Deviation
Vigour	4.8	0.78
Dedication	5.56	0.62
Absorption	4.3	0.85

These results show correlation between the burnout and engagement levels of the workers. While neither organisation qualifies having workers suffering from burnout, Organisation A (comparative to Organisation B) shows higher levels of emotional exhaustion, depersonalization and lower levels of personal accomplishment, which is reflected in lower levels of vigour, dedication and absorption. When qualified with the following qualitative data (which shows that many of the factors cited are shared between the organisations), this would indicate that the moderators in Organisation A are presenting as higher risk factors, while in Organisation B these are presenting as protective factors. The following section will examine the qualitative results.

Qualitative Results

As stated earlier, a review of the literature highlighted a selection of key factors related to burnout and engagement, which were then used as reference points during the interviews. These included the team dynamic; availability and experience of supervision; available organisational supports; the wider context of homelessness in Ireland; feeling that their opinions were heard; feeling valued; having opportunities for progression; receiving constructive feedback; experiencing role clarity; having the potential for progression; their personal experience of burnout; and factors specific to the nature of client contact. However after transcribing and analysing the data from the nine interviews, groupings emerged across the interviews, with overarching themes which were then qualified by several contributing factors. These were:

Theme	Contributory factors
Team relationship	Emotional support; open discussion within team; quality of direct supervisory relationship.
Role of organisation	Progression opportunities; availability of and awareness of supports; value and understanding of the work: work shifts.
Felt efficacy	Measures of success; personal responsibility; resources; expectations of client; funding.

These three themes and the associated contributory factors are now explored in more detail, drawing on the participants quotes to illuminate the points being made.

Team Relationship

In this section, the elements of emotional support, open discussion within team and quality of direct supervisory relationship will be examined in detail.

- **Emotional Support**

Emotional support emerged as strongly prioritised and frequently mentioned across both organisations; every participant commented positively on the impact of team support, and that “...largely speaking you're supported by your colleagues” in this field (OB4). While other supports like supervision and organisational supports such as counselling exist and were also spoken about positively, the peer support between colleagues was identified as the first line of defence against burnout, the one that was used most frequently, and often the one with the most immediate impact. One participant from Organisation B (OB4) clarified this by saying that when stressful incidents occur, “...as soon as you walk out that door, the person you meet is someone on the team that's on shift with you”, and that while later supervision and discussion with management is beneficial it occurs when you've had time to process the event, whereas the immediacy of your peers on shift mean they're “...your main support, they're massive.”

This emotional support, and open attitude to discussing and acknowledging the emotional impacts of the job, was identified as a key factor in both managing and preventing burnout by the participants. Those interviewed viewed access to a safe space to verbalise emotional reactions to events as beneficial for 1) being able to vent the immediate emotional reaction; 2) process the situation and contributing factors; and 3) giving colleagues an opportunity to share any insights into the situation. This is illustrated by the following quote:

...The understanding that everybody, we're all the same. And we all know we do get stressed sometimes, and yes you can just talk about it. You don't have to hide the fact that you might be a bit stressed or a bit worried or feeling a bit under pressure in case someone thinks you're a bit weak or you can't do the job, because we all know that it comes with the territory, so the more you know it, the more it's acknowledged, the more you talk about it- it's fine, it's there, we deal with it as we go along. (OB1)

Several participants stressed that being cognisant of your own emotional well being and reaching out for support should be viewed as a positive attribute as opposed to as “...a weakness, it's very much not a poor reflection on you if you say 'I can't handle this anymore’” (OA3) and instead is “...a strength in us if we recognise something is affecting us because it takes a while to build up that self-awareness” (OB4), and that length of time in the sector shouldn't diminish this need for emotional support- “no matter how long you're doing the job or how experienced you are we're all vulnerable” (OA3). One participant identified a previous position within the homelessness sector as one in which they had burnt out in; of

this setting the participant said this environment of acknowledging negative emotions did not exist, as the participant explains:

It's almost like you're not able for the job, so you didn't say it because that's how it was perceived, it was perceived as a weakness, that you were struggling. (OA4).

There was expressed a clear prioritisation from many of the participants of the importance of not normalising these stressful situations as they occur, as this participant explains:

This is not normal, you're not supposed to be ok after [...] going in and seeing someone there dead in their bed. (OB4)

Other participants spoke about the impacts of witnessing such events over many years in the sector as having an inevitable cumulative effect, stating:

It's not good for you. It's not good. It hardens you. (OA1)

Emerging from the analysis was a clear sense of a very symbiotic relationship that participants stated they had with their team mates, where individuals understood that acknowledging the impact of stressful situations and were pro-active in providing this support to their colleagues, as this OA participant conveys:

I think it's very, very important to say that it was a very stressful situation and I was very distressed about it. My colleague who was dealing with the incident with me, she was also very distressed by it as well. And I think that it was great that I was able to support her in that. And the way I supported her in that was to tell her- you look very distressed about this, you don't look great, and if it's any consolation to you, I feel the same way. I'm with you on this. Me and you feel the same way. And [...] she was glad to hear that. (OA2)

The participants also equally highlighted that they expected their teammates to monitor them in return for signs of stress or burnout, to provide emotional feedback and in some cases instruction, as these next quotes illuminate:

I would allow my team to – if they said 'I'm going to do that because- let me do that' because it's important to let them help you as well you know. (OA2)

...that's the level we need to be at, we need to be able to pull each other up- y'know 'be careful there, pull up' or pull that one back. (OB3)

The next section will look at the identified importance of open discussion within the team.

- **Open discussion within team**

Open discussion and the gathering and sharing of information with colleagues was regarded by the participants as something that was highly prized; was viewed as a learning opportunity and an aid to self-regulation, and was seen through the staff taking control of and evaluating their own actions and learning. These discussions appeared to have potentially several positive outcomes for these participants, as follows:

- Collective experience was pooled, increasing the teams overall knowledge base;
- Enhancing team connectedness by placing a value on all contributions;
- Contributing to better outcomes for clients as all factors for success and/or failure considered;

The reflective nature of this type of open discussion was highlighted as being embraced by the team as a learning opportunity, as seen in the following quote from an Organisation A participant:

We will literally disagree with each other even for the sake of it. To make sure that we each reflect on- even if the outcome was successful, someone will play devil's advocate and say 'but what about that? Or why didn't you do...?' and they'll actually say to you, I'm just putting it out there to give you an opportunity to think about it. (OA3)

One participant reflected on a previous employment where they stated they had experienced burnout, as one where this open discussion and evaluation of work practice was not encouraged, making one feel "...isolated because you don't agree with the group think". (OA2)

The trust and open communication needed for this emotional offloading and open discussion on work practice was commented on by participants and was further evidenced in the strength of the team bond that emerged as several individuals referenced their teammates as a work family, including this next participant who stated:

The staff kind of become a little bit like your family as well. (OB2)

and a strong sense that the sense of being in a team itself was beneficial.

I don't think you'd be lasting very long doing the job if you felt you were doing it by yourself to be honest. (OB1)

One OA participant commented that, having experienced other team dynamics where that

sense of joint purpose and support wasn't present, they would be "very precious [and] protective" of the team relationship that they were experiencing now as "I know how bad it can get when you don't have a good team dynamic"(OA2). A participant from Organisation B highlighted that when there is staff movement and there is an addition to the team, this can impact on the effectiveness of the team, as this quote explains:

It takes a couple of weeks anyway for a new team to gel, for someone new to kind of gel into the team, so we can all be a proper support to each other and make solid decisions. (OB4)

The team was also identified as playing an important role in providing feedback for success. This follows on from the open lines of communication that have been established as a key component of a well-functioning team, as the following quotes illuminate:

Your colleague would say to you 'fair play' or 'that was great' or 'something I've been trying to do with that person wasn't working, and you've done that, and that worked, that's brilliant, delighted' (OB1)

[the team would comment] you handled that very well and you've a very good relationship with this person so even like little comments from, it kind of makes go 'oh I'm doing an alright job here' and it's kind of nice to hear that as well (OB2)

The next section will detail the impact accorded to the supervisory relationship by participants. The quality of the direct supervisory relationship is being grouped under the heading of team dynamic as there was a clear distinction drawn by the participants between interactions with their direct supervisor or manager and the upper tiers of management in the wider organisation.

- **Supervision**

A positive relationship with the direct supervisor or manager was mentioned by a number of participants as very valuable; there were cited benefits such as the role of direct management providing feedback to the worker, and giving the worker a structure and focus to their work through effective supervision. Direct management feedback presented in two main forms: that of helping the worker acknowledge their successes, and of monitoring the workers emotional state. Participants spoke of how they can overlook the impact of their work on occasion, and that the manager plays an important role in situating the worker when this happens-"she'd be very focused on making me recognise when I've done a good job". Equally of importance was the observation of emotional states:

What I've found actually so far that managers have actually spotted it before I have [...] normally they catch me before I catch myself (OB4)

And in reminding them to be attentive to this:

I get reminded [...that...] 'you got to look after yourself'. And I'd be told that regularly. (OB1)

Participants stated that they valued the supervision aspect of the direct supervisor/managerial relationship when it had a positive focus on their needs as a worker as opposed to feeling like a monitoring of their work practice. While they did use it to benefit their work practice, the participants stated that supervision was used to cover a variety of topics, including interactions with clients. When supervision was experienced by the participants as effective, it was experienced as being centred on their requirements first and foremost, with the direction of the supervision session being dictated by this. Participants spoke of supervision as giving a framework and structure to the work (which, by its human nature, can be unpredictable and changeable); they felt they had a clearer sense direction as regards their work practice, as this participant reflects:

It feels really good just to have that space to talk about your practice, your training, where you might need to improve (OB1)

Several participants referenced previous poor experiences of supervision to highlight the difference in approaches and the impacts that this poor supervision had, as this participant explains:

I felt the supervision there was almost just to check on your work and on the clients and what you're doing if you're up to scratch, whereas my supervision now, it's all about how I'm feeling, am I supported, what do I need, and the focus is very much on me (OA4)

A poor quality of supervision was seen to have negative consequences for both the individual worker as this next participant recalls:

In my last two jobs the supervision was very, very poor. And I felt that that wasn't good- it wasn't helpful for me, therefore it wasn't helpful for the people I was supporting. (OB1)

The next section will expand the remit of factors further out from daily staff interactions to that of the wider organisation and will look at progression; availability of and awareness of supports; value and understanding of the work: and work shifts.

Role of organisation

This section examines in further detail the elements of progression opportunities, availability of and awareness of supports, value and understanding of the work, and the nature of work shifts.

- **Progression opportunities**

While the team relationship is something that was reported by the participants to be directly experienced on a daily basis, in comparison the organisation was experienced as having a more removed part. Emerging from the findings however was the finding that the organisation's choice and culture played a fundamental role in burnout and engagement levels for the participants interviewed. One OB participant referenced a previous employment where there was a high incidence of burnout, and said of this fact:

[that]“...it wasn't down to the client work- it was down to what was going on in the organisation because it just felt so uncomfortable.” (OB4)

There were some noted differences between the two organisations as regards their perception of the choices of their respective organisation.

While progression opportunities were acknowledged as being present in both organisations, the participants from Organisation B were extremely positive and knowledgeable about the opportunities that were there; there was a sense of awareness and excitement around the potential for development and progression within the organisation. Several OB participants mentioned a fostering of internal talent, both in career progression:

I've seen people coming in as shift attendants, then I've seen them going for interview to be taken on as relief staff, or social care key working roles, then they're taken on as full time (OB1)

I do want to move up quite quickly here and I already have moved up quite quickly here (OB2)

And also in their development:

If there's outside training that you see that you'd like to do [...] they're very open to all of that. (OB1)

I've never a staff who wants to progress further and nothing has been done about it. There's training there for people all the time. (OB2)

The opportunity to move between projects was also seen as a positive and something that was sustaining personal development for individuals, both themselves and observed in other colleagues. In discussion, the majority of participants expressed the view that there were extensive opportunities for their own development within the organisation, and that they were supported in accessing any opportunities they identified for themselves.

In comparison, in Organisation A, while there was an acknowledgement that there was opportunity if so desired to move up into management, this was not seen as something the OA individuals concerned viewed as something they wished to pursue, as the following quotes explain:

I have no interest in it one way or the other, I feel like I'm at a stage in my life where I just want to work and enjoy my life; I have no ambitions for management, but it is there if you wanted it. (OA4)

Once you cross that line into management, you need to be prepared to do things which are unpleasant. (OA1)

While one participant in Organisation A was positive about the training provided, others however thought that the opportunity for development and suggesting new ideas was limited and that if that was desired the onus would be on the worker to carve a space out for this to happen.

- **Availability and awareness of supports**

A similar difference was echoed in the availability of and awareness of supports between the two organisations. Participants from Organisation B were very vocal and knowledgeable about the supports that the organisation provided to them, including counselling, related training, and employee assistance programme, as participant OB1 explains:

There are a lot of supports. It's taken really seriously I think because the powers that be recognise that it can be a very stressful job [...] they're very open about offering them too, which is great.

Participants from this organisation consequently expressed feeling valued.

This impression of emotional provision from the organisation and appreciation of the proffered supports was repeated by several individuals, who spoke very warmly of this aspect of the organisation, as the following quotes illuminate:

There was kind of stuff going on a while ago at home and I was checked in with all the time to see if I was ok and was I ok to be here, did I need anything, so that to me is huge. (OB5)

[The organisation] sent me on counselling a few years ago, for free like, sent me on it for six weeks, because there was a particularly bad death in service, and I think having those opportunities and knowing that they're here for it, I think it's great to use- so again a lot of the staff wouldn't use it but just knowing that they are here I think it's nice to have. (OB2)

In these interviews there was an overall expression from the participants that the organisation had genuine care for their well-being. For one participant, this fact has enough weight to counteract increased work stress when compared to a previous position (with less work stress but also less felt organisational concern), as this participant states:

[They're] really genuinely interested in how we're doing and keeping us well- I still prefer working for this organisation even though technically the role is more stressful.(OB4)

Organisation A was also reported to provide counselling for their staff; however the specific details of these supports weren't as well known, with some participants vague about the amount of counselling sessions available to them and how often they could access them over the course of their time with the organisation. One participant interviewed did state however that they had utilised this support. In the interviews overall there were not the same statement of felt genuine care from the overall organisation, with one OA participant clarifying this as the supports offered were not always appropriate to the need of the situation.

The support from the organisation is there... sometimes it kind of... it could come across as a little bit false. 'We actually offer' just say, something really bad happens- 'we have a counselling service that you can avail of' and stuff like that. Sometimes that's not what you need. (OA2)

The next section will present the emergent factors relating to feeling the work carried out is valued and understood.

- **Value and understanding of the work**

The provision of supports had many common links with feeling that the work was appreciated and understood by the organisation. One participant (OB4), in referencing a previous position where she witnessed a high level of burnout amongst her colleagues, illustrated this in discussing a time when an extremely serious incident had occurred, and as

a result of this “really heavy stuff” the staff had requested additional supports to be put in place. The organisational attitude towards this was described as “begrudging”, with management highlighting the cost of this support, making the staff guilty about accessing it, and ultimately influencing them to de-prioritize their need for this support, which “...wasn't healthy for us”. The participant linked this to a rate of roughly 50% turnover in 18 months.

While referencing the supports that were available to them, some participants from Organisation B linked this provision to the organisation's value and understanding of the work - “the way it feels is that people in the upper tiers so to speak, they support us a lot, so that we can support other people” (OB1); with another participant reflecting that this can be seen in the recruitment phase- “I think they're selective about who they're going to get and I think you can tell if someone is going to be a team player or not” (OB2). When asked what made this a positive place to work, some participants, while qualifying that they would not be able to definitively point to the people working here or the culture as the primary initial force, did highlight the existing positive culture as key element in continuing this, as this next quote illustrates:

Each person that comes in just buys in to that whole system that's already in place. (OB1)

In Organisation A however, while as stated in the previous section there was a strong appreciation expressed of the support offered by the direct team and manager, they did not feel this same appreciation and understanding of the work they carried out from the wider organisation. This can be illustrated in the following quote, which references the way procedures such as data protection check on files are carried out:

There's a check on the files and it can be so kind of done like the file police are coming in. Without understanding what's going on in the project at the moment. Like what's happening, what challenges are you facing. And we're always facing huge challenges here on the ground you know. And all those things have to be done but I think sometimes it's the way it's done. (OA2)

The majority of participants from Organisation A stated that they were happy in their current role and teams, and regarded the overall organisation as trying to remedy missteps they had taken in their approach to employees, but that these attempts were “clumsy” at times, as these next quotes explain:

Currently it has improved. It got very bad. It became really really disrespectful. It went even beyond complacent. It was really bad. And because there was a lot

of discontent and a lot of rumblings that went on and we do employee surveys and stuff like that, they tried to improve it and the stuff they tried to improve it with was even more disrespectful. And you're sort of going 'you know seriously? We're not idiots.' Ok we get the lack of money and all that and that is just a whole bone of contention, there's none of us that came into this line of work for the money that's for sure. (OA3)

Since the reconfiguration and HR became aware that they really did blown things out of the water, they've desperately been trying to claw back some sort of credibility, so they've been- propose team days out and all this. They don't actually provide any money for, they just say 'why don't you go on a team day out'; it's quite tokenistic and the staff see right through it. (OA1)

Appreciation of the work that is completed on the ground was something that was viewed as valued and that this could be done with minimal monetary spend. One OA participant mentioned receiving a token to mark the amount of time spent with the organisation, and that this was something that was appreciated. The importance of timely acknowledgement also emerged in an interview where a recent occasion where the staff team went beyond the call of duty was referenced, with reference to a future acknowledgement of this effort and "...we're still waiting for that" (OA2).

I feel like there could be a little bit more acknowledgement of what we do and even if it was a team day out, something as simple as that. (OA2)

- **Work shifts**

Across the two organisations, shifts were discussed in a few different ways; the shift work was pointed to as a potential reason for leaving by several participants, even with contentment expressed with every other aspect of the job. The long nature of some shifts were highlighted as a negative by several individuals; several participants also highlighted the fact that if their family life changed that this shift work would no longer be suitable, pointing to unsociable hours, as this participant reflects:

I think the residential shift work in general, that might not suit my life in ten years' time, say if I had a family by then or if there were other more personal responsibilities, I don't think you could really maintain this kind of commitment. (OB4)

The personal impact of working long shift hours was also mentioned:

shift work, 25 hour shifts at a time, only having come out the other side of that, I don't think you should be allowed [do that] for that long personally. Because you burn out- it's actually coming out the other side of it that you realise that you're burnt out and I think the shift work is a lot to do with that. (OA4)

Alongside this, it was seen as very important that within the shift that staff can "...have their own space" (OA4). The nature of the client group that the staff work with was not focused

on as a key factor for stress (in fact the diversity of issues that could present during the course of a shift was seen as a positive and as contributing to making this an interesting field) however client contact could cause stress when individuals felt there weren't enough staff members on shift and as a result felt "stretched", or when issues occurred at the end of a long shift:

If something kicks off or even just in general there's no crisis happening, there's such a sustained contact, you're literally with someone for hours and hours at a time and that can be quite draining [...and then if something occurs...] just physically having the energy to deal with it, this is the difficult job I think. (OB4)

Having to stay later than the designated shift time due to circumstances was viewed as an occasional occurrence; it wasn't seen as expected or encouraged and as such was not viewed as a main contributor of stress. This section has detailed the role of the organisation as identified by participants in impacting their levels of burnout and engagement. The following section will look at the heading of felt efficacy and its constituent elements.

Felt efficacy

Felt efficacy can be otherwise described as feeling effective at your job. The following section will examine several aspects which impact upon this, namely measures of success, personal responsibility, resources, expectations of client, and funding.

- **Measures of success**

Efficacy or lack of efficacy emerged as a central link between those interviewed. Situations where there was very little ability to effect change were cited as stressors and then retracted, qualified or redirected to the things that the individuals could impact. This can be seen in one OA participant's answer where this lack of ability to effect change was first cited as the most stressful part of the job:

...that we work in partnership [where] we don't really have any autonomy in there to make decisions

But subsequently went on to say that:

It doesn't stress me out to be honest because I think there's nothing really I can do about it. (OA4)

The scope of a block presented to the worker and the observed limited viable ways to impact this, was cited as a source of frustration. This can be seen in relation to the current homelessness context also. Several other participants who spoke of this context and

mentioned it as a stressor due to lack of felt efficacy around the effort expended and the outcomes achieved, as this participant explains:

I think that's a big frustration because you're working so much and putting so much of yourself and there's not going to be the outcomes that there should be. (OB4)

Several participants felt that they had very little power to change the wider situation:

The move on options are very, very limited. And that's a level of frustration. Where do you go with that? (OA2)

As a result, it emerged that the workers instead focused on what was achievable, as illustrated by the following quote:

The situation is huge, and if you think of it as a whole, it's massive, it's a little bit overwhelming to be honest, but then you get people in here [you have to focus on what you can do]. (OB1)

This narrowing of the lens to what was attainable was cited by several of the participants as the main way of maintaining motivation and feeling effective in their role, as this participant articulates:

We do have some small successes, they are kind of what keep us going, we do have limited move on's and other successes like you know whether its someone receiving treatment that they were waiting for for ages or whatever it was. (OB4)

An additional influence on felt efficacy was the extent to which participants felt personal responsibility in their role, which will be looked at in further detail in the next section.

- **Personal Responsibility**

The personal responsibility that comes along with this job was evident in many of the participant's answers. A genuine desire to help others was apparent in many of those interviewed, and several mentioned their caring nature as a reason they were in this profession:

I know this sounds really corny but I do actually like helping people [...] that's what keeps me there. (OA4)

Perhaps inevitably as a result of this care and consideration for the client group, the gravity of the role and personal responsibility towards the clients emerged as a stressor in several interviews, with impacts observed when the clients worked with were experiencing difficulty:

...for the people I'm working with, to be doing ok. If they're not doing ok, I'm not feeling too great about that. (OB1)

At times this care and consideration can potentially lead to individuals enduring ongoing stressful situations with residents in order to reduce the negative impacts for that client, as illustrated in the following quote from a participant from Organisation B:

Maybe I tried to minimise it a little bit, because at the back of it all I didn't want the person to be barred or lose their placement or anything like that and maybe I didn't kind of value my wellbeing in the job as much as- maybe kind of put him a bit before I did, before myself. (OB4)

The sense of responsibility that accompanied this role, and the potential subsequent impacts that missing an aspect or situation could have, was keenly felt. One participant spoke of this as a main stressor of the job, the thought of what could happen and if their actions contributed to a negative situation, either for a client or for the rest of the staff team:

you're just fearful that you could miss something, and you always have to ask yourself at the end of the day, 'did I do everything that I should've done to prevent a crisis the following day?' and you go 'yes, did I document it, did I pass over the information' that can be stressful [...] that type of thing is stressful. It's the anticipation of what could happen. (OA2)

Roles where this responsibility was felt as shared with the clients (with less primary emphasis on the workers role in the success or failure of an intervention or interventions with a client) was seen as carrying less stress. One participant noted the benefits of this shared responsibility as:

At the end of the day they are adults and if they choose not to work with you, fill out their support plan or whatever, in one sense they've failed themselves, because they haven't engaged- so I don't feel as drawn into it in that way. Because it's a lot easier to walk away from a situation- look if you've done all you can with them and they're still not engaging and I've told them the risks and all it's much easier so from that end of it it's a hundred times easier, this job. (OA4)

Along with personal responsibility, a lack of resources, such as appropriate services to refer clients onto, can also impact felt efficacy. This is further detailed in the following section.

- **Resources**

With regards to the current homelessness context, another observable impact was a lack of appropriate services to refer clients with specific needs, resulting in a felt lack of efficacy. This was qualified by one participant by their observation that, due to successful earlier

interventions, those within the homelessness system long-term were now living longer, and as a result ‘ageing out’ of the services they were currently availing of, as more complex needs were presenting with increasing age. This also had a knock-on impact on the demands placed on staff in an example that references this increase in older homeless clients, as shown in the following quote:

We are not a care facility [...] Having said that. If we have an individual who is here who is very ill, who could be dying [...]we will always go above and beyond [...] but still doing what needed to be done does and did put the team under huge pressure (OA3)

However this emerged as an issue for several sub groups across the spectrum of the homelessness population, with frustrations noted around having to place individuals who were stable and with the ability to live independently in emergency accommodation, as illustrated by the following quote:

That can be difficult [when you] haven't got a place for that person at the moment, so have to put them into emergency services, and it's totally unsuitable. (OA2)

Another sub group that were seen as ‘stuck’ in inappropriate accommodation were those that needed additional support but these services did not exist to refer them onto. One participant expressed frustration with this situation as seen in the following statement:

There are a cohort that are stuck. And they are the people that are living in the most difficulty with the most vulnerability with the most difficult addictions, huge mental health issues and they're with us and it's not fair on them that they are stuck without supports. (OB3)

In addition to the above outline elements, another emergent factor was the expectations placed on the client, and how this shaped the work carried out by staff. This will be discussed more in the following section.

- **Expectations of client**

As previously mentioned, a genuine desire to help people was observed in many of the participants. To this end, they wish to feel that they are doing the best by the client, and when they identify work practise that they view as not beneficial to the client there are frustrations around this, as illustrated in the following quote:

One of the things I found most frustrating would be that there was no real sanctions [...] it's cyclical, the same thing happens over and over again, and I felt we were only really preparing them to sign on, to get their 188 say [...]it was just groundhog day. (OA4)

This is particularly felt when a pathway for resolving the issue can be seen (in contrast to the obstacles that are viewed as more concrete such as the wider lack of housing and autonomy when working with another partnership)- for instance, adapting policy to a situation. One participant cited the importance of listening to staff in approaching an issue by saying:

Sometimes you have to say 'well this policy doesn't work' and if it's not working, well then we need staff input into how to change it but that wasn't there.(OA4)

Applying a set of expectations to clients that was markedly different from expectations placed on wider society was seen as frustrating to the worker, in addition to disrespecting the client's ability to meet those expectations and ultimately preventing the client from moving out of a cycle of behaviour that may be keeping them in homelessness services. Places which had these specific lowered expectations were seen as preventing workers from applying insights learnt from their experience and, in asking them to adopt ineffectual work practices, this was cited as a key frustration. Work practice is also influenced by other factors such as funding, which will be examined further in the next section.

- **Funding**

In the current homelessness environment, funding also emerged as a stressor. This was mentioned briefly by a participant from Organisation B:

Funding would be an area that would impact on all of us, we're frontline, we're looking for a few bob to do something with a client that may enhance their lives or bring them somewhere or get them a service, some psychiatric supports or whatever it might be, and the funding isn't there, that can be a stressor.(OB3)

However in general this was a much more pressing concern for those in Organisation A. The competition that exists between homelessness organisations amongst the wider setting of the overall sector was seen as filtering down through several layers of the organisation, and impacting on project models (such as amount of staff allocated and projected number of service users provided for) as illustrated in the following quote:

Now it's service provision which is funded on the basis of grants, which are given by the government, they're put out to tender and there's competition for them etc. So it's a totally different model and that has an effect on how staff are treated. Staff are commodities in a certain way, you get as much out of the staff as you can for as little money as you can get in order to be able to compete. For the grants- you know, 'we can do it cheaper'. This project we can do it with 20 staff and we can offer it to 30 percent more clients. It's competitive. So you're squeezed more, and that has an effect on morale. (OA1)

This competition for funding was also reflected in the need for statistics and recording of interventions, as allocation of funding is closely tied to outcomes and interventions as shown through recording of such on the Pathway Accommodation and Support System (PASS), an online system established by the Dublin Region Homeless Executive which serves to collect information from homelessness organisations on the service they are providing. It was felt that the recording of these interventions and subsequent statistics was now a primary part of the role and, indeed, the accountability that this recording brought alongside it was in itself welcomed as a good thing. This is shown in the following quote from an Organisation A participant who clarified the benefits of being able to point to concrete outcomes:

We need to be more in line with the private sector because the reality is our funders and the people who keep us in existence do not understand what we do. (OA3)

However alongside this there was a feeling that these statistics garnered a lot of attention as a result of the funding pressures to show that a good job was being done by the organisation:

It's very much maintaining status quo, it's producing the statistics, and the level of turnover of clients that makes the project look good.(OA1)

Additionally it was felt that these interventions did not always accurately capture the breadth of the work done, as illustrated in the following statement:

People need more than a support plan, key working sessions, appropriate communication, but it's very very hard to quantify the type of work I'm talking about, which makes it totally useless in terms of statistics and things. (OA1)

These statistics, while seen as necessary, did not bring the same satisfaction to the staff as direct client work, and as they are linked to a more abstract concept of overall funding, those working directly with clients sometimes struggled with the time allocation needed between these two aspects of the job (statistics versus direct client interaction).

It was noted that this was a result of the demands filtered down from the entire organisation

from the wider more competitive context of the homelessness situation (“my managers, my direct line managers, they're under an awful lot of pressure, and that gets fed down” (OA2)). The homelessness sector was spoken about as having undergone a shift, from a more volunteer based culture to that of an industry, and the accompanying demands that come alongside this increased professionalism.

This funding pressure and the need for accountability was also cited by one participant as a potential reason there were less staff acknowledgement measures, with potential repercussions from the media or funders if the organisation was seen to be directing money towards staff measures as opposed to the directly defined provision of service. This can be seen in the following quote from an Organisation A participant:

...things like that seem to be frozen now because it would be deemed inappropriate. It would be deemed 'well that a waste of money' that type of thing. (OA2)

An additional knock-on aspect of funding concerns and cost-cutting measures as a result was seen in the low range starting salaries for new workers to the organisation. The low salaries coupled with the lack of potential for increments for these individuals was identified by participants as something they would change in the organisation. This was particularly of interest as those who mentioned this were not necessarily in this low pay bracket; however it could be surmised that this was viewed as the value placed on the work done, and as this was not seen as reflective of the expertise or work required in the role, that this then reflected onto their own job satisfaction.

The contact workers, my god I don't know how they survive on the money they earn. It's shocking. How can you survive on 25 grand a year? (OA1)

Having detailed the various elements of the themes that emerged from analysing the qualitative data, the overall risk and protective factors as identified from these findings are expanded below.

Table 3. Summary of emergent risk and protective factors

	Risk	Protective
<i>Team relationship</i>		
Emotional support	Closed environment; disclosure of emotional impact seen as weakness	Emotional support available from team-mates; open environment where emotional impacts accepted as part of job
Open discussion	‘Group think’; difference of opinion not listened to or sought; lack of feedback from team	Opinion sought from colleagues; difference of opinion welcomed; feedback given on success
Quality of direct supervisory relationship	Ineffective supervision (emphasis on work outputs as opposed to worker); distant from staff; lack of feedback	Effective supervision focusing on workers needs as opposed to monitoring results; knowledge and awareness of potential emotional impact of role on staff; feedback on success
<i>Role of organisation</i>		
Progression opportunities	Options for progression narrow; those available unappealing; lack of opportunities to expand skill set	Pathways for progression clearly defined and staff supported in pursuing these if so desired; variety of options for progression; opportunity to expand skill set
Availability of and awareness of supports	Limited supports available; little awareness of the supports; support that is available given reluctantly	Variety of supports provided; high awareness of these supports; open access to these supports
Value and understanding of the work	Disconnect between workers and organisation around demands of the job and impacts on workers	Organisation has a good understanding of the work carried out and the demands placed on workers by this work

Work shifts	Long shifts; continuous client contact; inadequate number of staff on shift	Shorter shifts; 'own space' available during shift; adequate number of staff on shift
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Felt efficacy

Measures of success	Inability of worker to focus on small successes	Ability to focus on 'every day' successes; staff have strong awareness of what is within their ability to impact and focus majority of attention on these things
Personal responsibility	Personal responsibility felt for client outcomes	Ability to separate self from client; knowledge that client outcome may not be reflective of staff work
Resources	Inadequate resources (quantity and appropriateness)	Adequate and appropriate resources available
Expectations of client	Expectation of client overly lenient; frustrations felt by staff as this is not viewed as long term beneficial to client	Expectations of client broadly consistent with wider society; staff feel that these expectations are manageable and beneficial to client
Funding	Funding pressure resulting in increased demands placed on staff, low pay, lack of staff outings	Adequate funding; pressures on work output not felt by staff. Adequate pay, budget given for staff outings

Summary

This section looked at the emergent themes of team relationship, the role of the organisation, and felt efficacy, with detail given to their respective components. The next chapter will situate these themes and emergent risk and protective factors within the context of the literature review, and state subsequent implications for future practice within similar work contexts.

Chapter Five

Conclusion and discussion

Introduction

This chapter is concerned with detailing the findings from the data analysis carried out in the previous chapter. The implications of the findings are then interpreted with regard to an overall aim of identifying practical measures to limit burnout and increase engagement within Irish homelessness support workers.

The key themes identified within the qualitative research carried out are:

- Team relationship
- Role of Organisation
- Felt efficacy.

With reference to the quantitative findings, while neither organisation would be classified as presenting as 'burnt out', there were notable differences between the two organisations as regards burnout scoring, with the biggest discrepancy observed under 'Emotional Exhaustion' (Organisation A scoring substantially higher on this element). Emotional exhaustion, along with depersonalization, and reduced personal accomplishment constitute the three dimensions by which burnout is measured. The dimension of emotional exhaustion refers to feelings of being depleted, overextended, and fatigued. Depersonalization refers to negative and cynical attitudes toward one's consumers or work in general. A reduced sense of personal accomplishment (or efficacy) involves negative self-evaluation of one's work with consumers or overall job effectiveness.

Organisation A also scored lower in the engagement levels. Engagement is measured through three elements: vigour, dedication and absorption. Vigour refers to high levels of energy and resilience, the willingness to invest effort, not being easily fatigued, and persistence in the face of difficulties. Dedication is characterised as deriving a sense of significance from one's work, feeling enthusiastic and proud about one's job, and feeling inspired and challenged by it. Absorption is characterised as being totally and happily immersed in one's work, having difficulties detaching oneself from it so that time passes quickly and one forgets everything else that is around. As mentioned in chapter three, Seppälä et al (2009) says that presenting levels of work engagement appear to be a consistent

indicator of occupational well-being. Lower levels of work engagement in Organisation A are echoed in the higher presenting levels of burnout, indicating lower overall occupational well-being.

When this quantitative data is contextualised within the differences between the two organisations as gathered from the interviews, a correlation between the literature on this area and the reported organisational factors can be observed. This section serves to situate these findings within the literature reviewed in chapter two. From this it is possible to surmise the effectiveness of the existing organisational factors (for this selected cohort), and identify recommendations for this sector to decrease burnout levels and increase engagements levels for those working within it.

The significance of factors specific to the homeless sector will now be examined.

Influencing Factors Specific to the Homeless Sector

While a variety of specific risk factors related to working in the homelessness sector were noted in the literature review, such as witnessing high rates of suicidal ideation and action (Haw et al 2006); specific stresses associated with caring for those who are sick and/or dying (Maslach 2003); nature of the client group (Beck 1987); and the potential of vicarious trauma from working with clients who have undergone traumatic experiences (Figley 1999), these factors were not cited as key moderators for those participants interviewed. While there was acknowledgement of emotional strain of supporting clients through traumatic experiences, the conversation around this focused on how the organisation supported the worker to deal with these incidents as they occurred. This is echoed in the fact that while the nature and extent of client contact was viewed as a potential source of stress, this was qualified as mainly being impacted by organisational structures which limited or compromised resources such as length of shifts and amount of staff on the floor. Overall these factors in isolation did not present as significant factors in the levels of burnout or engagement, rather serving to illuminate the effectiveness or ineffectiveness of the organisational factors. Factors such as team relationship, the role of the organisation, and felt efficacy did emerge as significant for the cohort interviewed; these will be discussed further in the following section.

Team relationship

The emphasis placed on emotional support by the participants finds many parallels in the existing literature on this topic. Brown and O'Brien's 1998 study on the benefits of 'active coping' in shelter staff- namely, the gathering of knowledge on situations so as to inform responses to it, positive reframing of the situation and accessing social support in order to better deal with stressful situations, is strongly echoed in the participants consistent prioritisation of support from their colleagues as a mainstay of what enables them to do their job effectively. This ability to access emotional support from teammates is highlighted as a key moderator in several studies (Chiaburu & Harrison, 2008) (Conrad and Kellar-Guenther, 2006) (Brotheridge 2001) (Osner et al, 2013). The emergent factor of value placed on open discussion within the team can be situated in the literature review by Kowalski's (2010) study on the importance of 'decision latitude'; Maslach and Jackson's 1981 study citing the importance of accessing feedback about work performance; and Schaubroeck and Jennings 1991 study which highlighted the importance of feeling that staff had input into organisational decisions. Likewise, in the interviews a high value was placed on the quality of the supervisory relationship, with a supportive relationship deemed key to a good working environment. Equally this was echoed in Maslach et al. (2001), (Maslach & Jackson, 1981) Van Emmerik (2004) and McFadden et al (2014) (Ito et al, 1999; Gibson et al, 2009).

The following section will detail the observed findings in relation to the wider organisational factors and the correlation of these findings to existing studies.

Wider organisation

Several of the contributory factors under the theme 'role of organisation' - progression opportunities, availability of and awareness of supports, and value and understanding of the work- that emerged in the interviews could be seen as forming the basis of what is needed for workers to feel valued by their organisation, and creating a culture that the worker identifies with and feels supported by. Zlotnik et al (2005) highlighted the need for workers within an organisation to feel valued, with the organisational structure and emergent culture mentioned frequently as moderator (Francis 2000) (Sutton-Broc 2013) (Hoge 2007). This was the biggest discernible difference between the two participating organisations, with Organisation B feeling valued and supported from all levels of the organisation, and was evidenced in the wide provision of and encouragement to access supports. Several of these

participants spoke about the genuine care they felt their organisation had for them. This is in contrast to Organisation A- the participants from this organisation felt a strong disconnect from the upper levels of management and their own team. While support was provided, the consideration for the workers well-being was not to the fore to the same extent as observed in Organisation B.

The role of felt efficacy will be looked at in context of the cited research in chapter two in the following section.

Felt efficacy

Efficacy (or a lack of efficacy) is seen a main component in levels of burnout and engagement (Shoptaw et al 2000) (Baker et al 2007): through the interviews the lack of resources as a result of the current homelessness context is cited frequently as a frustration and is seen as impacting on the workers ability to do their job to the fullest (and existing research context for this can be seen in Brown & Quick (2013) and Cherniss (1982)); however many of those interviewed redirected their focus on achievement towards that which is more achievable, the smaller 'everyday' successes which appears to help sustain a sense of efficacy. This could be attributed in part to economic pressure from the need for funding, which was observed as much more 'felt' in Organisation A. This need to secure funding was also shown in the importance placed on statistics, which while seen as necessary by those interviewed, nevertheless could be seen as contributing to workload (Killaspy et al, 2009) and a lack of role clarity (Fawzy et al, 1983). Additionally within the qualitative findings, personal responsibility was also cited as a stressor in the role due to the gravity and impact that decisions made in this role could potentially have. This has links in the literature in Maslach and Leiter's (2005) study which noted that a highly felt sense of personal responsibility can contribute to the worker over-extending themselves.

The impacts of the current homelessness context in Ireland was shown in this section to have emerged as contributing to a lack of efficacy as a risk factor; this context will be looked at further in detail in the following section.

Impact of current context

A key motivator in undertaking this research was to investigate the impact of the current homelessness context upon workers operating within the homelessness sector. While impacts

can be observed, as outlined in the immediately preceding section, other aspects noted for consideration in chapter one did not emerge as stated factors. One such example is that of the role of intense media focus on this issue. While some participants mentioned this media attention in passing, it did not emerge as a risk or protective factor. Nevertheless, as stated in chapter one, the nature of this media attention has implications for public perception of this issue and also ramifications for what is perceived to be effective policy to resolve this issue. Thus, while not explicitly mentioned, it may still carry a weight in influencing other identified risk factors such as lack of resources- for example, if attention is concentrated on a particular subset of the homelessness population, interventions may be prioritised for this subset above the remainder of the homelessness population.

The following section will reference the existing best practice as established in chapter two and compare the findings from these two organisations with this standard.

Situating findings within Best Practice

Within the homelessness sector, several best practice initiatives, such as psychologically informed Environments (PIE), have been implemented in recent years, as detailed in chapter two. Alongside several elements such as physical environment and relationships, staff support and training constitute a main element of this approach. The elements outlined under this heading of the PIE approach- acknowledgement of any emotional impacts from the work; support towards staff in discussing these impacts; reflecting on the work in supervision; debriefing after difficult situations; having an “open door” policy; and management seeking regular feedback on staff wellbeing and work- are strongly reflected in what the participants in this study cited as important to them in maintaining engagement and limiting the existence of burnout. Additionally, the benefits of this approach can be observed in the organisation which most closely follows this approach- that of Organisation B. In relative contrast to Organisation A, Organisation B staff members feel there is an open environment and extensive support available (and which staff are encouraged to avail of). These qualitative observations are resonated within the quantitative data, where Organisation B shows lower levels of burnout and higher levels of engagement, indicating higher overall satisfaction with their working environment and the constituting elements of this. By assessing this through both qualitative and quantitative research, these conclusions carry an internal validity and can be deemed to be accurately reflective of this participant group.

Following directly on from these research findings, implications for future practice will now be detailed.

Implications for future practice

When relating the previously detailed findings to practical measures that can be put in place for reducing burnout and increasing engagement within homelessness support workers, the importance of organisational approach must be noted. Factors outside of this remit (such a lack of resources available for clients) while stressful, appear to be moderated when strong organisational support is in place. This is evidenced in the observable difference in Organisation B's level of engagement and burnout compared to Organisation A, as these two organisations are operating within the same context and are faced with similar lack of resources. While the team relationship is cited as a primary protective factor, this can be fostered and encouraged through organisational initiatives such as those outlined in the best practice detailed in chapter two. Feeling valued by the organisation through provision of appropriate supports, and a sense that the organisation was aware of the work carried out and a value placed on the workers opinion- staff feeling as though they were listened to as regards how best to be effective at their job- are all elements that can be enhanced by organisational awareness of these elements, and a subsequent importance placed on enhancing these factors. The findings support the identified best practice model of PIE, and the measures contained within this model are deemed to accurately capture the majority of protective factors cited by participants in this research. As a result of this, recommendations arising from this research for future practice in this sector is centred on the roll out and implementation of best practice models such as PIE.

Summary

This chapter has contextualised the findings from chapter four in relation to the literature reviewed in chapter two. This was done so by looking specifically at the emergent themes of the team relationship, the role of the organisation, and felt efficacy, while also referencing factors specific to the homeless sector and the wider context of the homelessness situation. These findings were then situated in relation to existing best practice, and implications for future organisational practice in this area was then detailed.

References

- Acker, G. M. (1999). The impact of clients' mental illness on social workers' job satisfaction and burnout. *Health & Social Work, 24*(2), 112-119.
- Acker, G. M. (2004). The effect of organizational conditions (role conflict, role ambiguity, opportunities for professional development, and social support) on job satisfaction and intention to leave among social workers in mental health care. *Community mental health journal, 40*(1), 65-73.
- Atkinson, R.L., Atkinson, R.C., Smith, E.E., Bern, D.J., & Nolan-Hoeksema, S. (1996). *Hilgard's Introduction to Psychology* (12th ed.). Forth Worth, TX: Harcourt Brace
- Auerbach, C., McGowan, B. G., Ausberger, A., Strolin-Goltzman, J., & Schudrich, W. (2010). Differential factors influencing public and voluntary child welfare workers' intention to leave. *Children and Youth Services Review, 32*(10), 1396-1402.
- Awa, W. L., Plaumann, M., & Walter, U. (2010). Burnout prevention: A review of intervention programs. *Patient education and counseling, 78*(2), 184-190.
- Baggett, T. P., O'Connell, J. J., Singer, D. E., & Rigotti, N. A. (2010). The unmet health care needs of homeless adults: a national study. *American Journal of Public Health, 100*(7), 1326-1333.
- Baker, L. M., O'Brien, K. M., & Salahuddin, N. M. (2007). Are shelter workers burned out?: An examination of stress, social support, and coping. *Journal of Family Violence, 22*(6), 465-474.
- Bakker, Arnold B., and Evangelia Demerouti. "The job demands-resources model: State of the art." *Journal of managerial psychology 22.3* (2007): 309-328.
- Barak, M. E. M., Nissly, J. A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metanalysis. *Social service review, 75*(4), 625-661.
- Bassuk, E. L., Buckner, J. C., Perloff, J. N., & Bassuk, S. S. (1998). Prevalence of mental health and substance use disorders among homeless and low-income housed mothers. *American Journal of Psychiatry.*
- Becan, J. E., Knight, D. K., Crawley, R. D., Joe, G. W., & Flynn, P. M. (2015). Effectiveness of the Treatment Readiness and Induction Program for increasing adolescent motivation for change. *Journal of substance abuse treatment, 50*, 38-49.
- Beck, D. F. (1987). Counselor burnout in family service agencies. *Social Casework.*
- Berg, B. L., Lune, H., & Lune, H. (2004). *Qualitative research methods for the social sciences* (Vol. 5). Boston, MA: Pearson.
- Best, J and Khan, J (1989) *Research in Education*, Englewood Cliffs (NJ), Prentice Hall
- Bhaskar, R. (1998) 'General Introduction' in M. Archer, R. Bhaskar, Andrew Collier,
- Bradley, J., & Sutherland, V. (1995). Occupational stress in social services: A comparison of social workers and home help staff. *British Journal of Social Work, 25*(3), 313-331.

- Breedvelt, J.F. (2016). *Psychologically Informed Environments: A Literature Review*. Mental Health Foundation: London.
- Brems, C., Johnson, M. E., Neal, D., & Freemon, M. (2004). Childhood abuse history and substance use among men and women receiving detoxification services. *The American journal of drug and alcohol abuse*, 30(4), 799-821.
- Bride, B. E., Radey, M., & Figley, C. R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal*, 35(3), 155-163.
- Brotheridge, C. M. (2001). A comparison of alternative models of coping: Identifying relationships among coworker support, workload, and emotional exhaustion in the workplace. *International Journal of Stress Management*, 8(1), 1-14.
- Brown, C., & O'Brien, K. M. (1998). Understanding stress and burnout in shelter workers. *Professional Psychology: Research and Practice*, 29(4), 383.
- Brown, L. W., & Quick, J. C. (2013). Environmental Influences on Individual Burnout and a Preventive Approach for Organizations. *Journal of Applied Biobehavioral Research*, 18(2), 104-121.
- Bryman, A. (1984). The debate about quantitative and qualitative research: A question of method or epistemology? *British Journal of Sociology*, 35, 78–92.
- Canfield, J. (2005). Secondary traumatization, burnout, and vicarious traumatization: A review of the literature as it relates to therapists who treat trauma. *Smith College Studies in Social Work*, 75(2), 81-101.
- Carroll, S., & Cotter, N. (2010) Review of the Housing and Support Options for People with Mental Health Related Housing Needs. Accessed online at: <https://www.housing.ie/Our-Publications/Housing-for-People-with-a-Disability/Review-of-the-Housing-and-Support-Options-for-Peop.aspx> accessed on: 10/6/2016
- Chernesky, R. H., & Israel, M. K. (2009). Job expectations and intention to leave in a state child welfare agency. *Journal of Public Child Welfare*, 3(1), 23-39.
- Cherniss, C. (1980). *Staff burnout: Job stress in the human services* (p. 18). Beverly Hills, CA: Sage Publications.
- Cherniss, C. (1982). The Context for the Emergence of Burnout as a Social Problem. Available at: <http://files.eric.ed.gov/fulltext/ED226286.pdf>. Accessed on 2/6/2016
- Chiaburu, D. S., & Harrison, D. A. (2008). Do peers make the place? Conceptual synthesis and meta-analysis of coworker effects on perceptions, attitudes, OCBs, and performance. *Journal of Applied Psychology*, 93(5), 1082.
- Collins, S. (2008). Statutory social workers: Stress, job satisfaction, coping, social support and individual differences. *British Journal of Social Work*, 38(6), 1173-1193.
- Conolly, J. (2012) 'Psychologically informed services: a counsellor's response' *Housing, Care & Support*, 15 (2), 86-87.
- Conrad, D., & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child abuse & neglect*, 30(10), 1071-1080.
- Creswell, J. W, Plano Clark, V. L., Guttman, M. L., & Hanson, E. E. (2003). Advanced mixed methods research design. In A.Tashakkori and C. Teddlie (Eds.),

Handbook of mixed methods in social and behavioural research (pp. 209–240). Thousand Oaks, CA: Sage.

- Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.
- CSO (2013) Statistical Yearbook 2013: Housing and Households. Available online at:
<http://www.cso.ie/en/media/csoie/releasespublications/documents/statisticalyearbook/2013/c20housing.pdf> accessed on: 10/6/2016
- CSO (2015) Population and Migration Estimates April 2015 Available online at:
<http://www.cso.ie/en/releasesandpublications/er/pme/populationandmigrationestimatesapril2015/> Accessed on 12/6/2016
- Daft (2016) The Daft.ie Rental Report: An analysis of recent trends in the Irish rental market 2016 Q1. Available online at: <https://www.daft.ie/report/q1-2016-daft-rental-report.pdf> Accessed on: 10/6/2016
- Denzin N.K. (1989) *The Research Act: A Theoretical Introduction to Sociological Methods 3rd edn*. Prentice Hall, Englewood Cliffs, New Jersey.
- Denzin, N and Lincoln, Y (Eds) (1994) *Handbook of Qualitative Research*, Thousand Oaks (Calif), Sage
- DePanfilis, D., & Zlotnik, J. L. (2008). Retention of front-line staff in child welfare: A systematic review of research. *Children and Youth Services Review*, 30(9), 995-1008.
- Devereux, E. (2015). Thinking Outside the Charity Box: Media Coverage of Homelessness. *European Journal of Homelessness _ Volume*, 9(2).
- DRHE (2016) Reasons for Families becoming Homeless in January 2016 Available online: <http://www.homelessdublin.ie/reasons-families-becoming-homeless-january-2016> accessed on: 10/6/2016
- Evans, S., Huxley, P., Gately, C., Webber, M., Mears, A., Pajak, S., ... & Katona, C. (2006). Mental health, burnout and job satisfaction among mental health social workers in England and Wales. *The British Journal of Psychiatry*, 188(1), 75-80.
- Farber, B. A., & Heifetz, L. J. (1982). The process and dimensions of burnout in psychotherapists. *Professional psychology*, 13(2), 293.
- Fawzy, F. I., Wellisch, D. K., Pasnau, R. O., & Leibowitz, B. (1983). Preventing nursing burnout: A challenge for liaison psychiatry. *General hospital psychiatry*, 5(2), 141-149.
- Fazel, S., Khosla, V., Doll, H., & Geddes, J. (2008). The prevalence of mental disorders among the homeless in western countries: systematic review and meta-regression analysis. *PLoS Med*, 5(12), e225.
- Feilzer, M. Y. (2010). Doing mixed methods research pragmatically: Implications for the rediscovery of pragmatism as a research paradigm. *Journal of mixed methods research*, 4(1), 6-16.
- Figley, C. (1999), Compassion fatigue: Toward a new understanding of the costs of caring. In B. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (2nd ed.). Lutherville, MD: Sidran Press.

- Finch, E. S., & Krantz, S. R. (1991). Low burnout in a high-stress setting: A study of staff adaptation at Fountain House. *Psychosocial Rehabilitation Journal*, 14(3), 15.
- FinFacts (2009) Ireland was still ranked second richest in EU in 2008 but caution with data is merited. Available online at: http://www.finfacts.ie/irishfinancenews/article_1017016.shtml accessed on: 10/6/2016
- Fitzpatrick, K. M., Irwin, J., LaGory, M., & Ritchey, F. (2007). Just Thinking about It Social Capital and Suicide Ideation among Homeless Persons. *Journal of Health Psychology*, 12(5), 750-760.
- Flower, C., McDonald, J., & Sumski, M. (2005). Review of turnover in Milwaukee County private agency child welfare ongoing case management staff. Retrieved April, 15, 2005.
- Focus Ireland (2016) Press Release: 13th April 2013. Available online at: <http://www.focusireland.ie/press/new-monthly-figures-issued-focus-ireland-today-report-84-families-became-newly-homeless-dublin-march-referred-family-services/> accessed on: 10/6/2016
- Francis, L. J., Louden, S. H., & Rutledge, C. J. (2004). Burnout among Roman Catholic parochial clergy in England and Wales: Myth or reality?. *Review of Religious Research*, 5-19.
- Freudenberger, H. J. (1975). The staff burn-out syndrome in alternative institutions. *Psychotherapy: Theory, Research & Practice*, 12(1), 73.
- Friedman, I. A., & Farber, B. A. (1992). Professional self-concept as a predictor of teacher burnout. *The Journal of Educational Research*, 86(1), 28-35.
- Frone, M. R., Yardley, J. K., & Markel, K. S. (1997). Developing and testing an integrative model of the work-family interface. *Journal of vocational behavior*, 50(2), 145-167.
- Garman, A. N., Corrigan, P. W., & Morris, S. (2002). Staff burnout and patient satisfaction: Evidence of relationships at the care unit level. *Journal of Occupational Health Psychology*, 7(3), 235.
- Gibson, J. A., Grey, I. M., & Hastings, R. P. (2009). Supervisor support as a predictor of burnout and therapeutic self-efficacy in therapists working in ABA schools. *Journal of Autism and Developmental Disorders*, 39(7), 1024-1030.
- Gilbert, G. (2013). The relationship between personality, areas of work and burnout among social care workers in Ireland.
- Grandey, A., Foo, S. C., Groth, M., & Goodwin, R. E. (2012). Free to be you and me: a climate of authenticity alleviates burnout from emotional labor. *Journal of occupational health psychology*, 17(1), 1.
- Greener, J. M., Joe, G. W., Simpson, D. D., Rowan-Szal, G. A., & Lehman, W. E. (2007). Influence of organizational functioning on client engagement in treatment. *Journal of substance abuse treatment*, 33(2), 139-147.
- Greenglass, E. R., Burke, R. J., & Fiksenbaum, L. (2001). Workload and burnout in nurses. *Journal of community & applied social psychology*, 11(3), 211-215.

- Hallberg, U. E., & Sverke, M. (2004). Construct Validity of the Maslach Burnout Inventory: Two Swedish Health Care Samples. *European Journal of Psychological Assessment, 20*(4), 320.
- Harvey, C., & Stalker, C. A. (2007). Understanding and preventing burnout and employee turnover. *Moving toward positive systems of child and family welfare: Current issues and future directions, 273-320.*
- Hastings, R. P., & Brown, T. (2002). Behavioural knowledge, causal beliefs and self-efficacy as predictors of special educators' emotional reactions to challenging behaviours. *Journal of Intellectual Disability Research, 46*(2), 144-150.
- Haw, C., Hawton, K., & Casey, D. (2006). Deliberate self-harm patients of no fixed abode. *Social psychiatry and psychiatric epidemiology, 41*(11), 918-925..
- Healthy Ireland (2012) A Framework for Improved Health and Wellbeing, 2012-2025. Available online at: <https://www.hse.ie/eng/services/publications/corporate/hieng.pdf>. Accessed on 10/6/2016
- Healy, K., Meagher, G., & Cullin, J. (2009). Retaining novices to become expert child protection practitioners: Creating career pathways in direct practice. *British Journal of Social Work, 39*(2), 299-317.
- Hesse-Biber, S. N., & Leavy, P. (2010). *The practice of qualitative research*. Sage.
- Hock, R. R. (1988). Professional burnout among public school teachers. *Public personnel management, 17*(2), 167-189.
- Hoge, M. A., Morris, J. A., Daniels, A. S., Stuart, G. W., Huey, L. Y., & Adams, N. (2007). An action plan for behavioral health workforce development. *Cincinnati, OH: Annapolis Coalition on the Behavioral Health Workforce.*
- Holstein, J. A., & Gubrium, J. F. (1995). *The active interview* (Vol. 37). Sage.
- Housing.ie (2013) Summary of Social Housing Assessments 2013: Key Findings. Available online at: <http://www.environ.ie/sites/default/files/migrated-files/en/Publications/DevelopmentandHousing/Housing/FileDownload,34857,en.pdf> Accessed on: 10/6/2016
- Howe, K. R. (1988). Against the quantitative-qualitative incompatibility thesis, or, Dogmas die hard. *Educational Researcher, 17*, 10–16.
- Hrast, M. F. (2008). Media representations of homelessness and the link to (effective) policies: the case of Slovenia. *European Journal of Homelessness _ Volume.*
- Hyrkäs, K. (2005). Clinical supervision, burnout, and job satisfaction among mental health and psychiatric nurses in Finland. *Issues in Mental Health Nursing, 26*(5), 531-556.
- Iliffe, G., & Steed, L. G. (2000). Exploring the counselor's experience of working with perpetrators and survivors of domestic violence. *Journal of interpersonal violence, 15*(4), 393-412.
- Ito, H., Kurita, H., & Shiiya, J. (1999). Burnout among direct-care staff members of facilities for persons with mental retardation in Japan. *Mental Retardation, 37*(6), 477-481.

- Jenkins, S. R., & Baird, S. (2002). Secondary traumatic stress and vicarious trauma: A validation study. *Journal of traumatic stress, 15*(5), 423-432.
- Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational researcher, 33*(7), 14-26..
- Jourdain, G., & Chênevert, D. (2010). Job demands–resources, burnout and intention to leave the nursing profession: A questionnaire survey. *International journal of nursing studies, 47*(6), 709-722.
- Judge, T. A., Thoresen, C. J., Bono, J. E., & Patton, G. K. (2001). The job satisfaction–job performance relationship: A qualitative and quantitative review. *Psychological bulletin, 127*(3), 376.
- Kalia, M. (2002). Assessing the economic impact of stress [mdash] The modern day hidden epidemic. *Metabolism, 51*(6), 49-53.
- Kelly, O. (2015) Irelands Rental Crisis: Will new measures help? Irish Times. Available online at: <http://www.irishtimes.com/news/social-affairs/ireland-s-rental-crisis-will-new-measures-help-1.2428825> Accessed on: 10/6/2016
- Killaspy, H., Johnson, S., Pierce, B., Bebbington, P., Pilling, S., Nolan, F., & King, M. (2009). Successful engagement: a mixed methods study of the approaches of assertive community treatment and community mental health teams in the REACT trial. *Social psychiatry and psychiatric epidemiology, 44*(7), 532-540.
- Kim, H., Ji, J., & Kao, D. (2011). Burnout and physical health among social workers: A three-year longitudinal study. *Social work, 56*(3), 258-268.
- Kinman, G., & Grant, L. (2011). Exploring stress resilience in trainee social workers: The role of emotional and social competencies. *British Journal of Social Work, 41*(2), 261-275.
- Knight, D. K., Becan, J. E., & Flynn, P. M. (2012). Organizational consequences of staff turnover in outpatient substance abuse treatment programs. *Journal of substance abuse treatment, 42*(2), 143-150.
- Kossek, E. E., Pichler, S., Bodner, T., & Hammer, L. B. (2011). Workplace social support and work–family conflict: A meta-analysis clarifying the influence of general and work–family-specific supervisor and organizational support. *Personnel psychology, 64*(2), 289-313.
- Kowalski, C., Ommen, O., Driller, E., Ernstmann, N., Wirtz, M. A., Köhler, T., & Pfaff, H. (2010). Burnout in nurses–the relationship between social capital in hospitals and emotional exhaustion. *Journal of Clinical nursing, 19*(11-12), 1654-1663.
- Kushel, M. B., Evans, J. L., Perry, S., Robertson, M. J., & Moss, A. R. (2003). No door to lock: victimization among homeless and marginally housed persons. *Archives of Internal Medicine, 163*(20), 2492-2499.
- Lakeman, R. (2011). How homeless sector workers deal with the death of service users: a grounded theory study. *Death studies, 35*(10), 925-948.
- Landrum, B., Knight, D. K., & Flynn, P. M. (2012). The impact of organizational stress and burnout on client engagement. *Journal of substance abuse treatment, 42*(2), 222-230.

- Lawson, T. and Norrie, A. (eds.) (1998) *Critical Realism: Essential Readings*, London: Routledge
- Leka, S., & Jain, A. (2010). Health impact of psychosocial hazards at work: an overview. *World Health Organization, Geneva*.
- Lewis, J., & Ritchie, J. (2003). Generalising from qualitative research. *Qualitative research practice: A guide for social science students and researchers*, 263-286.
- Lindlof, T. R., & Taylor, B. C. (2010). *Qualitative communication research methods*. Sage.
- Lloyd, C., King, R., & Chenoweth, L. (2002). Social work, stress and burnout: A review. *Journal of mental health*, 11(3), 255-265.
- Louise Barriball, K., & While, A. (1994). Collecting Data using a semi-structured interview: a discussion paper. *Journal of advanced nursing*, 19(2), 328-335.
- Marshall, C., & Rossman, G. B. (1999). The " what" of the study: building the conceptual framework. *Designing qualitative research*, 3, 21-54.
- Martin, Ursula, and Steven P. Schinke. (1998): "Organizational and individual factors influencing job satisfaction and burnout of mental health workers." *Social work in health care* 28.2 51-62.
- Maslach, C. (1976). Burnout. *Human behavior*, 5(9), 16-22.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of organizational behavior*, 2(2), 99-113.
- Maslach, C., & Leiter, M. P. (2005). Reversing burnout. <http://www.newchaptercoach.com/wp-content/uploads/2008/11/activist-burnout-article1.pdf>
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual*. Consulting Psychologists Press.
- Maycock, P. (2014) Study Highlights Barriers Homeless Young People Face in Accessing Housing Available online at: https://www.tcd.ie/news_events/articles/study-highlights-barriers-homeless-young-people-face-in-accessing-housing/5139#.V13BGeyYIdU accessed on 6/6/2016
- Mazars (2015) Report to the Department of Environment, Community and Local Government Independent Review of Homeless Services. Available online at: http://www.environ.ie/sites/default/files/publications/files/independent_review_of_homeless_services_-_mazars.pdf Accessed on: 10/6/2016
- McFadden, P., Campbell, A., & Taylor, B. (2014). Resilience and burnout in child protection social work: Individual and organisational themes from a systematic literature review. *British Journal of Social Work*, bct210.
- McGraw, S. A., Larson, M. J., Foster, S. E., Kresky-Wolff, M., Botelho, E. M., Elstad, E. A. & Tsemberis, S. (2010). Adopting best practices: Lessons learned in the collaborative initiative to help end chronic homelessness (CICH). *The Journal of Behavioral Health Services & Research*, 37(2), 197-212.
- McLellan, A. T., Carise, D., & Kleber, H. D. (2003). Can the national addiction treatment infrastructure support the public's demand for quality care. *Journal of substance abuse treatment*, 25(2), 117-121.

- Mitchell, G., & Hastings, R. P. (2001). Coping, burnout, and emotion in staff working in community services for people with challenging behaviors. *American Journal on Mental Retardation*, 106(5), 448-459.
- Morgan, M., Thornton, M., McCorry, C. (2016) Growing Up in Ireland: National Longitudinal Study of Children. Review of the Literature pertaining to the Second Wave of Data Collection with the Child Cohort at age 13. Available at: <https://www.esri.ie/pubs/BKMNEXT305.pdf> Accessed on: 12/6/2016
- Morrison, D. S. (2009). Homelessness as an independent risk factor for mortality: Results from a retrospective cohort study. *International Journal of Epidemiology*, 38, 877-883.
- Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: A review of the problem and its remediation. *Administration and Policy in Mental Health and Mental Health Services Research*, 39(5), 341-352.
- No One Left Out: Solutions Ltd.(2015) Creating a psychologically informed environment. implementation and assessment. London: Westminster City Council. 17 p.
- NSWQB (National Social Work Qualifications Board) (2007) National Social Work Qualification Board annual report, 2006. Dublin: National Social Work Qualifications Board (NSWQB)
- Olivet, J., McGraw, S., Grandin, M., & Bassuk, E. (2010). Staffing challenges and strategies for organizations serving individuals who have experienced chronic homelessness. *The journal of behavioral health services & research*, 37(2), 226-238.
- Oser, C. B., Biebel, E. P., Pullen, E., & Harp, K. L. (2013). Causes, consequences, and prevention of burnout among substance abuse treatment counselors: A rural versus urban comparison. *Journal of psychoactive drugs*, 45(1), 17-27.
- Pasupuleti, S., Allen, R. I., Lambert, E. G., & Cluse-Tolar, T. (2009). The impact of work stressors on the life satisfaction of social service workers: A preliminary study. *Administration in Social Work*, 33(3), 319-339.
- Phelan, E., & Norris, M. (2008). Neo-coporatist governance of homeless services in Dublin: Reconceptualization, incorporation and exclusion. *Critical Social Policy*, 28(1), 51-73.
- Pines, A., & Aronson, E. (1988). *Career burnout: Causes and cures*. Free press.
- Reid, Y., Johnson, S., Morant, N., Kuipers, E., Szmukler, G., Bebbington, P & Prosser, D. (1999). Improving support for mental health staff: a qualitative study. *Social Psychiatry and Psychiatric Epidemiology*, 34(6), 309-315.
- Riggs, C. J., & Rantz, M. J. (2001). A Model of Staff Support to Improve Retention in Long-Term Care. *Nursing administration quarterly*, 25(2), 43-54.
- Rose, D., Horne, S., Rose, J. L., & Hastings, R. P. (2004). Negative emotional reactions to challenging behaviour and staff burnout: Two replication studies. *Journal of Applied Research in Intellectual Disabilities*, 17(3), 219-223.
- Roulston, K. (2010). *Reflective interviewing: A guide to theory and practice*. Sage.

- RTE (2016) 95% of properties 'beyond reach' of those on rent support – study. Available online at: <http://www.rte.ie/news/2016/0126/762938-rent-support-simon-community/> Accessed online at: 10/6/2016
- RTE (2016) Unemployment at lowest rate in seven years – CSO. Available online at: <http://www.rte.ie/news/business/2016/0105/757876-unemployment/> accessed on 12/6/2016
- Rubin, H. J., & Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data*. Sage.
- Sabin-Farrell, R., & Turpin, G. (2003). Vicarious traumatization: implications for the mental health of health workers?. *Clinical psychology review*, 23(3), 449-480.
- Savicki, V., & Cooley, E. (1987). The relationship of work environment and client contact to burnout in mental health professionals. *Journal of Counseling & Development*..
- Schaubroeck, J., & Jennings, K. R. (1991). A longitudinal investigation of factors mediating the participative decision making job satisfaction linkage. *Multivariate behavioral research*, 26(1), 49-68.
- Schaufeli, W. B., & Bakker, A. B. (2003). Test manual for the Utrecht work engagement scale. *Unpublished manuscript, Utrecht University, the Netherlands*. Retrieved from <http://www.schaufeli.com>, 1-58.
- Schaufeli, W. B., & Buunk, B. P. (2003). Burnout: An overview of 25 years of research and theorizing. *The handbook of work and health psychology*, 2, 282-424.
- Schaufeli, W. B., Bakker, A. B., Hoogduin, K., Schaap, C., & Kladler, A. (2001). On the clinical validity of the Maslach Burnout Inventory and the Burnout Measure. *Psychology & Health*, 16(5), 565-582.
- Schaufeli, W. B., Salanova, M., González-Romá, V., & Bakker, A. B. (2002). The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness studies*, 3(1), 71-92.
- Schlichte, J., Yssel, N., & Merbler, J. (2005). Pathways to burnout: Case studies in teacher isolation and alienation. *Preventing School Failure: Alternative Education for Children and Youth*, 50(1), 35-40.
- Schuler, R. S. (1980). Definition and conceptualization of stress in organizations. *Organizational behavior and human performance*, 25(2), 184-215.
- Schulz, R., Greenley, J. R., & Brown, R. (1995). Organization, management, and client effects on staff burnout. *Journal of Health and Social Behavior*, 333-345.
- Seppälä, P., Mauno, S., Feldt, T., Hakanen, J., Kinnunen, U., Tolvanen, A., & Schaufeli, W. (2009). The construct validity of the Utrecht Work Engagement Scale: Multisample and longitudinal evidence. *Journal of Happiness Studies*, 10(4), 459-481.
- Sherman, R. R., & Webb, R. B. (1988). *Qualitative research in education: Focus and methods* (Vol. 3). Psychology Press.
- Shoptaw, S., Stein, J. A., & Rawson, R. A. (2000). Burnout in substance abuse counselors: Impact of environment, attitudes, and clients with HIV. *Journal of Substance Abuse Treatment*, 19(2), 117-126.

- Siebert, D. C. (2006). Personal and occupational factors in burnout among practicing social workers: Implications for researchers, practitioners, and managers. *Journal of Social Service Research*, 32(2), 25-44.
- Skills for Care (2015) The state of the adult social care sector and workforce in England Available online at: <http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/NMDS-SC/State-of-2014-ENGLAND-WEB-FINAL.pdf> Accessed on: 12/6/2016
- Smith, J., & Gardner, D. (2007). Factors affecting employee use of work-life balance initiatives. *New Zealand Journal of Psychology*, 36(1), 3.
- Spradley, J. P. (1979). The ethnographic interview.
- Spurgeon, A., Harrington, J. M., & Cooper, C. L. (1997). Health and safety problems associated with long working hours: a review of the current position. *Occupational and environmental medicine*, 54(6), 367-375.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research* (Vol. 15). Newbury Park, CA: Sage.
- Street Health (2007) The Street Health Report 2007. September 2007. Available online at: <http://www.streethealth.ca/Downloads/SHReport2007.pdf> accessed on: 10/6/2016
- Strolin-Goltzman, J. (2008). Should I stay or should I go? A comparison study of intention to leave among public child welfare systems with high and low turnover rates. *Child Welfare*, 87(4), 125.
- Sutton-Brock, C. D. (2013). *Homelessness: An evaluation of resident self-efficacy and worker burnout within county homeless shelters* (Doctoral dissertation, CAPELLA UNIVERSITY).
- Symon, G., & Cassell, C. (Eds.). (2012). *Qualitative organizational research: core methods and current challenges*. Sage.
- The Independent, (2016) Increase in number of new homeless. Accessed online at: <http://www.independent.ie/breaking-news/irish-news/increase-in-number-of-new-homeless-28960383.html> accessed on: 10/6/2016
- Thomas, M., Kohli, V., & Choi, J. (2014). Correlates of job burnout among human services workers: implications for workforce retention. *J. Soc. & Soc. Welfare*, 41, 69.
- Tsemberis, S. (2010). Adopting best practices: Lessons learned in the collaborative initiative to help end chronic homelessness (CICH). *The Journal of Behavioral Health Services & Research*, 37(2), 197-212.
- Tyndall, P. (2014) Address by Ombudsman Peter Tyndall on homelessness at the Advocacy & Social Policy Seminar 2014 on Wednesday 15th October at the Ashling Hotel, Parkgate Street. Available online at: <https://www.ombudsman.gov.ie/en/News/Speeches-Articles/2014/Social-Housing-Homelessness.html> accessed on 12/6/2016
- Väänänen, A., Kalimo, R., Toppinen-Tanner, S., Mutanen, P., Peiró, J. M., Kivimäki, M., & Vahtera, J. (2004). Role clarity, fairness, and organizational climate as

predictors of sickness absence A prospective study in the private sector.
Scandinavian journal of public health, 32(6), 426-434.

- Van Emmerik, H. (2004). For better and for worse: Adverse working conditions and the beneficial effects of mentoring. *Career Development International*, 9(4), 358-373.
- Wahyuni, D. (2012). The research design maze: Understanding paradigms, cases, methods and methodologies. *Journal of Applied Management Accounting Research*, 10(1), 69-80.
- Weisman, C. S., & Nathanson, C. A. (1985). Professional Satisfaction and Client Outcomes: A Comparative Organizational Analysis. *Medical care*, 23(10), 1179-1192.
- Whelan, K. (2013). *Ireland's economic crisis: The good, the bad and the ugly* (No. 13/06). Working Paper Series, UCD Centre for Economic Research.
- Williams, J., Greene, S., Doyle, E., Harris, E., Layte, R., McCoy, S. & O'Moore, M. (2011). *Growing up in Ireland national longitudinal study of children. The lives of 9 year olds*. The Stationery Office.
- Winstanley, J., & White, E. (2003). Clinical supervision: models, measures and best practice. *Nurse Researcher*, 10(4), 7-38.
- Wood, D., Valdez, R. B., Hayashi, T., & Shen, A. (1990). Homeless and housed families in Los Angeles: a study comparing demographic, economic, and family function characteristics. *American Journal of Public Health*, 80(9), 1049-1052.
- Yagil, D. (2006). The relationship of abusive and supportive workplace supervision to employee burnout and upward influence tactics. *Journal of Emotional Abuse*, 6(1), 49-65.
- Yaniv, G. (1995). Burnout, absenteeism, and the overtime decision. *Journal of Economic Psychology*, 16(2), 297-309.
- Zapf, D., Seifert, C., Schmutte, B., Mertini, H., & Holz, M. (2001). Emotion work and job stressors and their effects on burnout. *Psychology & Health*, 16(5), 527-545.
- Zlotnik, J. L., DePanfilis, D., Daining, C., & Lane, M. M. (2005). Factors influencing retention of child welfare staff: A systematic review of the literature. *Institute for the Advancement of Social Work Research, Washington, DC*.
- Zopiatis, A., & Constanti, P. (2010). Leadership styles and burnout: is there an association?. *International Journal of Contemporary Hospitality Management*, 22(3), 300-320.
- Zunz, S. J. (1998). Resiliency and burnout: Protective factors for human service managers. *Administration in Social Work*, 22(3), 39-54.

Appendix A

Information Sheet For Agency

Request for permission to conduct interviews with frontline homelessness support workers

Head of Services

Address

Dear (Head of Services)

I am conducting a study on burnout and engagement levels of homelessness support workers and what factors impact this, and as such I am interested in ascertaining frontline practitioners' perspectives.

I am writing to you requesting your permission to interview homelessness support workers on your team. The interview is expected to last roughly 45 minutes, and will take place outside of working hours at a location and time convenient for the participants.

Any information that they provide will be treated as confidential unless they disclose any information that causes concern for them or anyone else. Should this occur, I may need to talk to someone else. Prior to doing so, I will talk to the participant first. Regarding anonymity, the source of individual commentary will not be identified in the final text. It is important to point out however that an individual may be recognised unintentionally in the text through opinion or experience. When drawing on their experience, participants will be asked to omit any identifying details about other individuals (both colleagues and clients) such as name or address. The organisation itself will not be identified in the final thesis unless this is desired.

Data will be recorded, later transcribed and will be safely held on a password encrypted protected desk top computer locked in a press in the researchers locked office and will be

destroyed in accordance with the TCD Guidelines on Good Research Practice, with all raw data to be destroyed after the exam board confirms the result of the dissertation, and for anonymised interview transcripts and questionnaires to be retained for two years from the date of the exam board.

I will present the findings of the research to your team when the project has been completed.

I will also provide you with copies of any publications arising from the research. `

I am asking that you circulate the attached information sheet to the homelessness support workers on your team and that they contact me directly if they are interested in participating. Participants have the right to refuse to participate, the right to refuse to answer particular questions and the right to withdraw from the research process at any time, without penalty.

Should you have any queries regarding this research project please do not hesitate to contact me. I look forward to your response.

Yours sincerely,

Anna Wallace

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Appendix B

Initial Information sheet for participants

Evaluating protective and risk factors for burnout and engagement in homelessness support workers.

This study is interested in measuring protective and risk factors for burnout and engagement in homeless support workers. Burnout is a type of workplace stress often found in those working with people, particularly people with complex needs. Engagement is often seen as the opposing force for burnout, and is associated with enjoyment and satisfaction in work. Certain factors are associated with increasing and decreasing both burnout and engagement levels. This research is interested in what factors staff in the homelessness sector have found to have the most impact (both positive and negative) on their experience in working in what is a unique and sometimes challenging work environment. To do this, I would like to meet with you and learn from your experiences. Participation in this research is entirely voluntary; you may opt out of the study at any time, without penalty.

What does taking part involve?

If you agree to take part I will arrange to meet with you to have a chat that will last about 45 minutes at a time and place convenient to you in March 2016. If you agree, I will tape the interview so that I can be sure that I recorded what you said correctly. At this meeting, I will ask you to complete two short surveys and then will ask you about your experiences in working in the homelessness sector.

Some of the things I would like to ask you about:

- Your overall experience of working in this sector
- What factors you have found stressful
- What factors you have found sustaining

Thank you for taking the time to read this information sheet. If you have any queries or questions, please do not hesitate to contact Anna on 086-1073630

Contact details for any further information:

Researcher:

Anna Wallace wallacan@tcd.ie Tel: 086-1073630

Supervisors:

Eoin O'Sullivan tosullvn@tcd.ie Tel: 01-8962548

Stephanie Holt sholt@tcd.ie Tel No 01-8

Appendix C

Information sheet (for participants who have expressed interest in taking part)

Evaluating protective and risk factors for burnout and engagement in homelessness support workers.

What is this research about?

This research will look at risk and protective factors for burnout and engagement for homelessness support workers. Burnout is a type of job stress that is particularly found in those working with people, especially when those people have complex needs. Conversely, engagement is when a person feels fulfilled and energised about their work. A number of factors are associated with impacting the existence of burnout and engagement, and this research would like your input on what you have found to be beneficial and detrimental to stress levels in your job.

What does taking part involve?

If you choose to participate you will be invited to take part in completing two short surveys (the Burnout Inventory- Human Services Survey and the Utrecht Work Engagement Scale) and a brief interview that will take about 45 minutes to complete altogether. The discussion will take place in a time and location that suits you best in March-April 2016. With your permission, I will audiotape the interview to help me record your input accurately. Some of the areas I would like to discuss in the interview are:

- Your overall experience of working in this sector
- What factors you have found stressful
- What factors you have found sustaining
- Your thoughts on what would be beneficial for future practice in relation to this

What happens to the information?

The information gathered from this discussion will contribute to a research paper that will be submitted as a master's thesis, and may be published in a conference presentation and journal publications. Data will be recorded, later transcribed and will be safely held on a password protected desk top computer locked in a location only accessible to the researcher. The researcher is guided by the ethical principles for research connected to Trinity College. The storage of data will comply with the Data Protection (Amendment) Act 2003 and all data files will be password protected. Files will be deleted in line with the TCD data retention policy, which states that all associated raw data shall be destroyed after the exam board confirms the result of the dissertation and for anonymised interview transcripts and questionnaires to be retained for two years from the date of the exam board.

Information provided by participants will be anonymised through use of pseudonyms and removal of identifying details in the research paper; however while every effort will be made to maintain your anonymity, this cannot be absolutely guaranteed as participants may be identifiable by their expressed opinions. Your name will not appear in the study, and any information that you provide will be treated as confidential unless you disclose any information that causes concern for you or anyone else. Should this occur, I may need to talk to someone else. Prior to doing so, I will talk to you first.

What if I change my mind?

You have the right to refuse to participate, the right to refuse to answer particular questions and the right to withdraw from the research process at any time, without penalty.

How do I find out more?

If you have any queries you can phone or email me and I will be happy to answer any questions you may have. My contact details are: Anna Wallace, Tel: 086 1073630; email: wallacan@tcd.ie

Supervisors:

Eoin O'Sullivan tosullvn@tcd.ie Tel: 01-8962548

Appendix D

Consent form for participants

An investigation of risk and protective factors for burnout and engagement in homelessness support workers.

I, _____, agree to talk to Anna Wallace from Trinity College Dublin as part of a research study looking at the burnout and engagement levels in homelessness support workers and factors which may impact upon these levels.

I understand that I am being asked to participate in an interview where I will be invited to draw on my experience. I understand that in order to protect the anonymity and confidentiality of the clients I work with, that in this discussion I will not use any identifying information, such as names or addresses or other identifiable details.

The information that I give will be treated as confidential, unless I disclose any information that causes concern for me or anyone else. Should this occur, the researcher may need to talk to someone else. Prior to doing so, the researcher will talk to me first. While every effort will be made to ensure the anonymity of my contribution, I understand that this cannot be guaranteed, as I may be recognised unintentionally in the text through opinion or experience. When drawing on my experience, I will be asked to omit any identifying details about other individuals (both colleagues and clients) such as name or address.

With my consent, the interview will be tape recorded for accuracy of transcription and no other purpose. I understand that the recordings and any related transcripts will be stored securely in TCD and that my interview will be destroyed in accordance with the TCD Guidelines on Good Research Practice, which states that all raw data to be destroyed after the exam board confirms the result of the dissertation, and for anonymised interview transcripts and questionnaires to be retained for two years from the date of the exam board.

- a. I understand that under freedom of information legislation I am entitled to access the information I have provided at any time while it is in storage as specified above.
- b. I understand that I am free to contact any of the people involved in the research to seek further clarification and information.
- c. I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.
- d. I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted.
- e. I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.

Signed.....

Date.....

(Professional)

Signed.....

Date.....

(Researcher)

Contact details

Researcher:

Anna Wallace wallacan@tcd.ie Tel: 086-1073630

Supervisors:

Eoin O'Sullivan tosullvn@tcd.ie Tel: 01-8962548

Stephanie Holt sholt@tcd.ie Tel No 01-8963908

Appendix E

MBI-Human Services Survey

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

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

1. There are 22 statements of job-related feelings listed below.

Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, make sure you tick the never circle next to the question. If you have had this feeling, tick the circle under the frequency that best describes how often you feel that way.

		Never	A few times a year	Once a month or less	A few times a month	Once a week	A few times a week	Every day
1	I feel emotionally drained from my work							
2	I feel used up at the end of the workday							
3	I feel fatigued when I get up in the morning and have to face another day on the job							
4	I can easily understand how my recipients feel about things.							
5	I feel I treat some recipients as if they were impersonal objects.							
6	Working with people all day is really a strain for me.							
7	I deal very effectively with the problems of my recipients.							
8	I feel burned out from my work.							
9	I feel I'm positively influencing other people's lives through my work							
10	I've become more callous toward people since I took this job.							
11	I worry that this job is							

	hardening me emotionally.							
12	I feel very energetic.							
		Never	A few times a year	Once a month or less	A few times a month	Once a week	A few times a week	Every day
13	I feel frustrated by my job.							
14	I feel I'm working too hard on my job.							
15	I don't really care what happens to some recipients.							
16	Working with people directly puts too much stress on me							
17	I can easily create a relaxed atmosphere with my recipients.							
18	I feel exhilarated after working closely with my recipients.							
19	I have accomplished many worthwhile things in this job.							
20	I feel like I'm at the end of my rope.							
21	In my work, I deal with emotional problems very calmly.							
22	I feel recipients blame me for some of their problems.							

Appendix F

Work & Well-being Survey (UWES)

The following 17 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, cross the "0" (zero) in the space after the statement. If you have had this feeling, indicate how often you feel it by crossing the number (from 1 to 6) that best describes how frequently you feel that way.

	Almost never	Rarely	Sometimes	Often	Very often	Always
0	1	2	3	4	5	6
Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

0 1 2 3 4 5 6

At my work, I feel bursting with energy

I find the work that I do full of meaning and purpose

Time flies when I'm working

At my job, I feel strong and vigorous

I am enthusiastic about my job

When I am working, I forget everything else around me

My job inspires me

When I get up in the morning, I feel like going to work

I feel happy when I am working intensely

I am proud of the work that I do

I am immersed in my work

I can continue working for very long periods at a time

To me, my job is challenging

I get carried away when I'm working

At my job, I am very resilient, mentally

It is difficult to detach myself from my job

At my work I always persevere, even when things do not go well

Appendix G

Interview discussion topics

1. What initially drew you to work in this field and what did you think it would be like before working here? Were accurate was your perception of working in this field once you actually started working here/were there many differences?
2. How would you say you've changed since you began working in this sector to now?
3. What made you choose this particular organisation? Do you strongly identify with the organisation's mission?
4. What do you feel is expected from you in this role? From clients, from the organisation, from co-workers?
5. Do you feel your role is clearly defined?
6. What does a typical day look like for you? Is there one?
7. What are the resources like for you to do your job effectively? (This could be amount of staff members, external resources like housing, client behaviour, etc)
8. In a broader context, there is a lot of recent media attention around the issue of homelessness and there are increases in the amount of people accessing the services, while at the same time hostels are closing and rents are rising. Has this had any impact on your work here?
9. What is the client contact like day to day? The client group often have very diverse histories and needs. Does this affect your work?
10. How is your work life balance?
11. What would be the job stressors for you? ...Say I meet you in ten years and you have left this sector- what reasons do you think that would be for?
12. On the opposite end, if you are still working in this sector, why do you think the reasons for that would be?
13. Have you had any experience of burnout in this field, either personally or observed in your colleagues?
14. What happened after that?
15. Describe the role your relationship with your co-workers has.
16. Describe the role your relationship with your supervisor has.
17. What things do you help when you feel stressed in work?
18. Are there any supports from the organisation in relation to this?
19. Is there recognition or feedback of good work? How do you know when you've done a good job?
20. What are the things that keep you engaged in your work?
21. Do you feel your opinion is heard/valued?
22. If you were able to implement any changes to counteract burnout and to foster engagement, what would they be?

Appendix G

Sample of Interview transcript

And that would be the main thing you find rewarding about the job? What other things do you find rewarding about the job?

I suppose what I find rewarding about the job, it's getting to know people, the way I've always worked with people is through building a relationship, so you have to form some kind of attachment with a person, you've a better chance of forward progress happening and making some successes, so I kinda work really really hard on that, and then you find when you have made that little bit of a connection with someone, it's kinda easier working together on stuff, then you're kinda seeing the same way. What can be rewarding are things literally such as today I sat with someone for about forty minutes, while we set up banking online, registering for that- it took forever. You're waiting, you're waiting, that person is getting unsettled and agitated so you're saying it's OK, we'll do it. And at the end of the forty minutes I was exhausted with it, they were, but the best thing was seeing their face, it all happened, transferred money successfully, it was just the best thing, so that's the kinda thing that makes it worthwhile coming in. Or somebody thankfully gets offered housing which is a huge thing obviously, but there are many other successes such as that today that would happen, and that's what I think makes the job worthwhile for me. It's sort a being there and supporting somebody else in achieving, because if they achieve I feel that I've achieved, and so it's kinda like a dual win.

And for yourself, that would be like 'tick, I've done a good job there' but do you feel that is recognised by your peers or by the rest of the organisation- how do you feel you know you've done a good job outside of that?

– I think that em- I don't have experience in other organisations within the organisation, just here, but my experience since I've started is that first of all, the group, my colleagues that I would work with on the floor, I've found unbelievably supportive- for instance when that happened today, I went back into the office and said 'this has just happened' and then

[they said] 'that's fantastic, well done you' and it's just great, everyone kinda shares it, so it's recognised there and it will go through, like management here, they're all very open to talking about anything at any time, so it filters through very quickly, and those kind of successes, they're kinda shared by everybody, and you kinda find when you're supported or your colleague would say to you 'fair play' or 'that was great' or 'something I've been trying to do with that person wasn't working, and you've done that, and that worked, that's brilliant, delighted' you know so everybody kinda gains a little bit of something from it. Because that resident has had a success today, we're kinda all part of that- that's the way it feels to me.

So do you feel like you've got very open lines of communication?

Very much so. Very much so. With colleagues, it's just we've very open discussions, sometimes decisions have to be made within the team, there on the floor, or on the day- those discussions would be very open, they're really respectful, we probably would all have different opinions on something, but we'd find a common ground somewhere to make a decision together. As regards management, we would see them pretty much all the time, Monday to Friday, they're just very communicative. Then also there's supervision which is very regular, and it's very structured, and I find that helps me a lot. In my last two jobs the supervision was very very poor. And I felt that that wasn't good- it wasn't helpful for me, therefore it wasn't helpful for the people I was supporting you know- it's kinda like when things are going great or not so great, in the supervision you'd get the feedback, you'd work through stuff, and it kind of buoys you up again, in a bit of a better direction, you might have new ideas coming from it, and then back on, you go out there and do whatever you're doing, and then that helps people from there as well so it's really really good. The way it feels is that people in the upper tiers so to speak, they support us a lot, so that we can support other people. That kinda is the ethos and it does happen that way. I thought 'well loads of companies say this that and the other, about we support our...' but it actually is. It does work here. I kinda thought I was on- provisionally, when I got it, it was like 'when will you do supervision' well when have I to do it 'no, when are you free to do it, cos you're working with the clients' and like, what?! You're asking me to say the date? I was kinda like this is so weird, but that's kinda how it is, there's a lot of respect there for what you might have on in your diary and supervision is going to be slotted in, but it's not going to knock anything out that you're working on. So I think it's fantastic.

And do you feel like in supervision and in those team meetings and just maybe in the broader scope of the running of the organisation, do you feel like if you have an opinion on

something that it's heard? Or that it's listened to?

I do. You may have an opinion that- it would also be voiced, either with the group that are working on that day, or we would have team meetings every week as well, everyone- I think everybody does say their piece- again we don't always agree. But I do think your opinion is heard, if we pass something on to management, 'can we change this' or 'can we trial that' or what about, they may then have to go somebody else- but they do that, they go to somebody else. It may not always be a yes or a version of that but it won't be a 'yeah yeah we'll look at that'- that's not been my experience of anything to be honest. So you kinda feel a little bit involved. And I suppose when you feel like you're listened to that when you think 'this is great like I really am part of this'

And you mentioned there about the team and how you share things with them. How important is the team dynamic for you?

It's kinda important to me. It is important that people are able to work together- that you're kind of supporting each other, that you're able to say 'I've a lot on right now, there's ten things at the one time, so can we dole out all this work that's going on' sort of thing. Or say if something's coming up and I'm going to be off, I can say it to one of my colleagues- look this is kind of important, I won't be here, would you be able to- and we would kind of do that for each other. I think that it'd be really difficult, especially in an environment that we're in, working with over 50 residents, if you kinda felt you were working on your own. I think that would bring way too much pressure and way too much stress and I don't think you'd be lasting very long doing the job if you felt you were doing it by yourself to be honest. And the team that's here, they're like all ages. I'm the elder lemon- but that's OK. It's not been any kind of an issue at all. Everybody else would be younger and quite a bit younger in a lot of cases- but it's grand. It's more about personalities than anything else. People being good at their jobs, being professional, and then being able to interact with each other at the same time you know. And have a bit of craic. Which is kind of important too. If you feel like you're going to scream or cry you know something is going wrong. We'd a really really really busy day today but it's all good, and you've just come in now and everything is nice and calm and so we just worked out way through everything and we got there.

Do you think that's the key between taking it home and you being able to sit here? Like what do you think are the key [things]?

Sometimes if it's been a particularly rough day, we will make a point of checking in with

each other. Even for five minutes before we go home. Or if we're not going to have time to do that, in between other stuff we make sure to have a chat, like just say if I'm aware of an incident that happened that a colleague was shouted at, or something like that, you're kinda aware that something like that has happened, and how that person might be feeling because you know how you'd feel, so you'd kinda check in- 'are you alright? Do you want me to take any of your load off you?' or whatever, do you want to go for a coffee? And I've found every single person here does that. So maybe I'm just really really lucky working with a particular group that works like that? Or maybe because its already there, and then each person that comes in just buys in to that whole system that's already in place. It suits me really well, I like the way it works and I haven't found myself sort of mulling over something or... I haven't found that at all. Which is good.

And how much of a role do you think the management play in how you approach your job? Or do you think they have much impact?

I think that they- management kind of- it's as if like we are on the front line most of the time. Sometimes the management are there as well. But then a lot of their job is the backup stuff that we would never have time for or get around to or probably have a clue to do. So like they keep all the cogs running smoothly, they're dealing then with other outside agencies or housing head office or whatever, and then obviously making sure that everything is running like according to policies procedures, all of that, and if something kinda was going a bit askew, they'd be kinda pulling all that in line because obviously things are there for a reason so everything works properly. So I think that even with management and colleagues, I don't feel there's a huge gap or anything? Like you know, that persons a deputy, that person's the manager, but you could just 'look I really need to talk to ya' -'yeah grand, come on'- the doors open. I think we've all found that as well. And in team meetings as well or in supervision, they'd remind you about that all the time. 'Don't forget now'. And you kinda do remember which is great. And you'd be like 'oh listen, I just have something on my mind, do you mind if I just run it past you? -yeah grand, always make time for you. So it does help a lot.

And you were saying that, in the team and the culture here, you're quite open if you have an aggressive interaction or anything. Do you think that you would be comfortable if say you needed extra time off or say additional supports or are there additional supports there in place if something- a serious incident happened?

Yeah there are a lot of supports. It's taken really seriously I think because the powers that be recognise that it can be a very stressful job- so we have peer support within the group and

management, then we also did some training, I was part of some training recently, and it's kinda like first stop checking in. So if something has happened then as soon as possible afterwards, you'd sit and just say how are things, you're checking in- it's not about what actually happened or what was right or wrong, but it's like 'how are you' – how are you feeling, do ya know, are you alright or whatever. So there's that in place. There is also the Employee Assistance program, that's in place, or through HR, you can get other support like counselling or therapies, things like that as well, they're very open about offering them too, which is great. And that would be all confidential. But they are there and we know they're there.

Appendix H

Ethics Form

School of Social Work and Social Policy Research Ethical Approval Form

Section A

Project Title Investigating risk and protective factors for burnout and engagement in support workers working in the homelessness sector: an Irish context.

Name of Lead Researcher (student and supervisor in case of project work) Anna Wallace (student) Supervisor: Eoin O'Sullivan, Stephanie Holt

TCD Email wallacan@tcd.ie Contact Tel No (086) 1073630

Course Name (if applicable) Masters in Applied Social Studies

Estimated Start Date of Project _____ Estimated End Date of Project _____

Estimated Start Date of Fieldwork _____ Estimated End Date of Fieldwork _____

SWSP Office Use Only:

REAC Ref No _____ Date Received _____

I confirm that I will (where relevant):

- Familiarise myself fully and consider the implications of the Data Protection Act and guidelines http://www.tcd.ie/info_compliance/dp/legislation.php;
- Tell participants that any recordings, e.g. audio/video/photographs, will not be identifiable unless prior written permission has been given. I will obtain permission for specific reuse (in papers, talks, etc.);
- Provide participants with an information sheet (or web-page for web-based studies) that describes the main procedures (a copy of the information sheet must be included with this application);
- Obtain informed consent for participation (a copy of the informed consent form must be included with this application);
- Should the research be observational and not in a public place, ask participants for their consent to be observed;
- Tell participants that their participation is voluntary;
- Tell participants that they may withdraw at any time and for any reason without penalty;
- Give participants the option of omitting questions they do not wish to answer if a questionnaire is used;
- Tell participants that their data will be treated with care to confidentiality, retained in an anonymised form and that, if published, it will not be identified as theirs;
- Inform participants of the relevant safe storage, retention and destruction policy of data to be followed;
- On request, debrief participants at the end of their participation (i.e. give them a brief explanation of the study);
- Verify that participants are 18 years or older and competent to supply consent or in the case of child/vulnerable group participant, obtain consent of both child and parent / guardian;
- Ensure that the duty of care towards vulnerable participants or when dealing with sensitive topics includes the provision of appropriate information and referral to aftercare supports;
- Declare any potential conflict of interest to participants.

Signed: _____

 Lead Research / Student
 work) Date

 Supervisor (in case of student project

Section B

Please answer the following questions (Y/N)		(Y/N)
1. Has this research application or any application of a similar nature connected to this research project been refused ethical approval by another review committee of the College or any external organisation ?		N
2. Will your project involve photographing participants or electronic audio or video recordings? Photographing Participants <input type="checkbox"/> Audio Recordings <input type="checkbox"/> Video Recordings <input type="checkbox"/>		Y
3. Does your study involve any of the following?	Children (under 18 years of age)	N
	People with intellectual or communication difficulties	N
	Patients	N
	People who are, have been, or are likely to become your clients, students, or clients of the School	N
	People in custody	N
	People involved in illegal activities	N
	People belonging to a vulnerable group, other than those listed above	N
	People for whom English / Irish is not their first language	Y
4. Will you give the potential participants a reasonable period of time to consider participation?		Y
5. Is there any realistic risk of any participants experiencing a detriment to their interests as a result of participation?		Y
6. Does this research pose any risk of physical danger to the researcher?		N
7. Does this research pose any risk of mental harm to the researcher?		N
8. Will any non-anonymised and / or personalised data be generated and / or stored?		Y
9. Will you have access to documents containing sensitive data about living		N

individuals? If yes, will you gain the consent of the individuals concerned?	
--	--

If you answered yes to any of the above questions please explain with reference to the number of each question, how the identified potential research ethics issue will be handled. If there are any other potential ethical issues that you think the Committee should consider please explain them here. *There is an obligation on the lead researcher / supervisor to consider here any issues with ethical implications not clearly covered above.*

(2) All individual interviews with participants will be digitally recorded, with consent from the participants and transcribed verbatim. The original recordings will be stored securely on a password protected desktop PC that only the researcher will have access to. Where consent to record is not forthcoming, handwritten notes will be taken.

(3.8) Research participants may include those for whom English is not their first language. Given that the potential participants are all professionals working in social care sector organisations where English is the predominantly spoken language, it is anticipated that should English not be their first language, that their level of proficiency would be adequate. However, every effort will be made to ensure questions posed to the participants are clear and unambiguous

(4) Yes. The researcher will contact a specific homelessness organisation requesting permission to carry out the research in their area and to obtain permission to interview front-line support workers within the organisation. Participants will be invited to participate approximately two weeks prior to commencing the data collection. The researcher will forward an information letter to managers of the practitioner groups, asking them to circulate it to practitioners on their team and requesting that those interested contact the researcher for further details. The information sheet will provide an overview of the research study, what is hoped to be achieved and how it will be conducted. Participants who agree to take part in the study will be furnished with a consent form, prior to commencing the interview. At

the start of the interview the interviewer will read through the documentation and answer any questions that the participant may ask. The interview will only commence when the relevant consent documentation is completed. Participants will be informed that their contribution to the research is voluntary and that they are free to disengage from the study at any stage of the process, without penalty.

(5) There is a potential risk of sensitive subject matter being discussed as regards to certain aspects of their place of employment; if negative views are expressed and the source of these views are easily identifiable there is the potential for repercussions within their place of employment. To ensure this does not happen, participants will have any identifying information removed. Permission from the gatekeeper organisation will also be sought to ensure that the gatekeeper organisation is fully aware of the intended research to be carried out before any interviews take place. Secondly, due to the nature of the research, participants may speak about negative experiences they have had, carrying the potential of emotional distress. The researcher will, as outlined above in the Consent Form details, ensure that the participant is aware that it is a voluntary interview and that any questions they would prefer not to answer they can refrain from. The interview will take place in an agreed venue that the participant is comfortable in, and the researcher will be sensitive to body language and verbal cues of the participant while conducting the interview. If the participant becomes distressed, the researcher will stop the interview. She will check with the participant if a) they wish to continue, b) they wish to postpone the interview or c) they wish to withdraw their participation in the research.

8) Yes. While information provided by participants will be anonymised through use of pseudonyms and removal of identifying details in the research paper, recordings of the

interviews will be stored on a password protected computer accessible only to the researcher. Participants will be informed that while every effort will be made to maintain their anonymity, this cannot be absolutely guaranteed as participants may be identifiable by their expressed opinions. The researcher is guided by the ethical principles for research connected to Trinity College. The storage of data will comply with the Data Protection (Amendment) Act 2003 and all data files will be password protected. Files will be deleted in line with the TCD data retention policy, which states that associated raw data will be destroyed after the exam board confirms the result of the dissertation and for anonymised interview transcripts and questionnaires to be retained for two years from the date of the exam board.

Section C

Research Proposal Template		
Project Title		Word Limits
List of any sources of funding or other research partners involved		n/a
Is this proposal associated with another research study?		n/a
Expected dates of commencement and completion	Start: Completion:	n/a
Abstract of the proposal	Burnout is a type of psychological work related syndrome which can be present in any work environment (Maslach, 1981); however, due to the nature of working with traumatised populations, social care professionals have been identified as particularly at risk (Bride, 2007; Baird, Jenkins 2002). Certain personal, supervisory and	150

	<p>organisational factors have been associated with the degree to which burnout presents (Redmond, 2010).</p> <p>While existing literature has particularly focused on burnout in social workers and child protection workers (Coffey et al, 2004; Gibbs, 2001), impacts on persons specifically working in the homelessness sector have garnered less attention.</p> <p>This research will assess what the emergent risk and protective factors of burnout are within a purposive sample of an Irish homelessness organisation, employing qualitative and quantitative methodologies, with particular reference to the role or interplay of personal, supervisory and organisational factors, with the aim of contributing empirical opinions to the existing research and potentially informing future organisational practices.</p>	
<p>Rationale and background of the proposed study</p>	<p>Burnout is associated with staff turnover which is an documented issue for homelessness organisations (Olivet et al.,2010; McGraw et al., 2009) and has negative impacts for the quality of service provided (Garman et al, 2002;Daub, 2005) Certain organisational, personal and supervisory factors have been favourably linked to lower levels of burnout (Maslach et al, 2001), which may be extrapolated to retaining a more experienced workforce and higher quality service provision.</p>	<p>120</p>

	<p>This research aims to gather feedback from an identified group of homeless support workers as to what measures have been most effective for them in preventing burnout and maintaining engagement in their work, factors which minimise staff turnover and promote continuity and quality of service.</p>	
<p>Research question, aims and objectives</p>	<p>The main aim of this research project is to investigate the risk and protective factors for burnout within a selected group of support workers in an Irish homelessness organisation with the objective of collating empirical insights to potentially inform future research and practice.</p> <p>This can be clarified in the form of the following three research questions:</p> <ol style="list-style-type: none"> 1) What are the burnout and engagement levels for this specific sample of homelessness support workers? 2) What, if any, are the emergent risk and protective factors (with reference to the sub groupings of personal, supervisory and organisational factors and any observed interplay and correlation of factors within these sub groups) on the prevalence of burnout? 3) How effective is the mediation of risk and protective factors through organisational interventions? 	<p>200</p>

	<p>This will take the form of purposive sampling and so cannot be generalised to the wider population of homelessness support workers; nevertheless it is hoped that findings from this study will contribute to future organisational practise by collating empirically based suggestions for interventions that can prevent or limit burnout, thus improving service quality and provision.</p>	
<p>Summary of relevant literature and research</p>	<p>Burnout is defined as a psychological syndrome in response to chronic interpersonal stressors on the job with three identified subscales: emotional exhaustion, depersonalization, and personal accomplishment (Maslach et al, 2001). While it can be present in any occupation, human service workers are particularly susceptible (Farber 1983).</p> <p>Burnout impacts negatively in several different ways: firstly, in the individual affected it is linked to sickness, reduced job satisfaction, lower organisational commitment and absenteeism (Robertson et al., 2005; Hatton & Emerson, 1998; Hatton et al, 1999); for the organisation and clients, it is associated with staff turnover (Maslach et al, 2001), has significant economic repercussions (Yaniv, 1995) and impacts on the quality of service delivered (Flower, MacDonald and Sumski, 2005; DePanfilis, Zlotnik 2008; Garman et al, 2002).</p> <p>Schulz et al (1995) has gathered several identified</p>	<p>500</p>

	<p>contributing factors for burnout in those working with persons with severe mental illness. [Serious mental disorders are found at a higher incidence level within the homeless population (Fazel et al 2008) so can be related to the client group identified.] Staff working with clients with long-term mental illness (Finch and Krantz 1991), major social problems (Beck 1987) and clients who are unappreciative toward staff working with them (Farber and Heifetz 1982) have all been linked to higher incidence of staff burnout. Marquand et al (1993) highlights the emotional energy required when working with clients with complex needs, and negative emotional reactions to clients challenging behaviour has been shown to also contribute to burnout (Rose et al., 2004; Mitchell & Hastings, 2001).</p> <p>A selection of other associated moderators are autonomy in work (Kowalski 2010); feedback about work performance (Maslach & Jackson, 1981); input into organisational decisions (Schaubroeck and Jennings 1991); job clarity (Fawzy et al, 1983); quality of supervisory relationship (Ito et al, 1999; Gibson et al, 2009), effective leadership (Reid et al., 1999) personal factors such as self-efficacy (Schwarzer & Hallum, 2008) workload (Killaspy et al, 2009) and social support (Newcomb, 1990).</p> <p>Burnout is associated with turnover and intention to leave (Jourdain & Chenevert, 2010). A report by the Irish Social Work Qualifications Board states that half of social work agencies experience difficulty in sourcing qualified and experienced candidates for</p>	
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	<p>vacancies despite an appropriate population of qualified social workers (NSWQB, 2006), a fact which could be linked to a higher incidence level of burnout for those working in this field. Several homelessness organisations such as Mungo's and Focus Ireland have recently implemented Psychologically Informed Environments (PIE) with one of the stated aims to build staff's emotional resilience (Mungo's, 2016). While burnout and engagement are not direct opposites, there exists strong negative correlation between the two (Maslach, 2001; Schaufeli et al, 2001). A supportive environment can facilitate retention of workers (Riggs et al, 2001), and the majority of the reasons cited for job turnover and intention to leave in human service workers are organisational (Barak et al, 2001).</p>	
<p>Outline of the research design</p>	<p>This research will take a convergent parallel mixed methods approach, employing semi-structured interviews and two surveys. Eight homelessness support workers based across four separate sites will be approached as participants. In implementing both methodological and data triangulation this method aims to provide a integrated and informative answer to the research question (Creswell, 2013). Permission from the organisational gatekeeper will be sought before any research is carried out.</p> <p><i>The proposed methodology would comprise the following elements:</i></p> <p>Quantitative data collection</p>	<p>500</p>

The quantitative data that will be collected consists of the Maslach Burnout Inventory- Human Services Survey (MBI-HSS) and the *Utrecht Work Engagement Scale (UWES)*. Participants will be asked to complete both of these items.

Qualitative Data Collection

A semi-structured interview will take place at the same time as the quantitative data collection.

Recruitment of participants

Following procurement of permission from the organisational gatekeeper, participants will be purposively sampled from the workforce. Potential participants will be sent an email from the gatekeeper organisation detailing the research and an invitation to participate in the research. If interested, participants will then contact the researcher directly using the contact details provided.

Analysis and dissemination

With permission from the research participants, all the interviews will be recorded using either handwritten notes or digitally recorded and fully transcribed. Thematic analysis of the interviews will be undertaken, with support from Nvivo, a qualitative software analysis package which ensures that all data are visible for analysis, this pre-empting selective interpretation. The research will be presented in the form of a submitted thesis.

Ethical consideration

	<p>Comprehensive attention will be given to the ethical considerations involved in this research. With a stated and acknowledged responsibility towards the 'researched', whose dignity and well-being is absolutely integral to the integrity of the research, the researcher's responsibility is to conduct ethical research that protects the research participants and respects their rights. Ethically sound research is said to reflect three fundamental core features: ensuring voluntary informed consent; doing no harm; and the guaranteeing of confidentiality and anonymity. The research design adopted safeguards participants across each of these three core features. My familiarity with this area could potentially impact on objectivity: to limit the effect of this, I have chosen a mixed methods research approach, with two quantitative surveys and non-leading questions in the semi-structured interview. In line with the confidentiality and anonymity outlined I will not discuss any of the participants or their contributions with other colleagues.</p>	
<p>Any additional information</p>	<p>n/a</p>	

