Chapter 1
Making Sense of Stress

Imagine yourself belonging to a band of hunter–gatherers who lived thousands of years ago. You are searching for nuts and fruits in an open field when a wild cat appears and fixes its gaze upon you. Your body immediately goes into overdrive. Your heart rate increases, your blood pressure rises, and your muscles contract. You race away from the predator at lightning speed. Now fast forward to the present day. Consider occasions in your life in which your body has produced a similar stress response. Were you in acute danger? Was the possibility of death imminent? Chances are that many of the events that have prompted this type of stress reaction did not involve a serious threat to your physical survival. Perhaps, instead, these events threatened your social and emotional well-being. According to Sapolsky (1998), this awareness is key to understanding stress and stress-related disease. He contended that when faced with a psychological stressor, our bodies mobilize a stress response that is almost identical to that of a jungle animal or early Homo sapiens who has encountered a life-threatening physical crisis. Over time, such psychologically induced yet biologically based stress reactions can make us ill. However, we can learn how to manage these responses and buffer ourselves from various forms of psychological stress. Thus, we can free ourselves from chronic suffering and pain, while increasing the likelihood of success in our personal and professional roles. To provide a foundation for this focus, we turn to the knowledge base concerning stress and coping that has evolved substantially over recent decades.

What Is Stress?

The term *stress* has been used for centuries to refer to hardship and adversity (Rutter, 1983). However, it was not until the 19th century that it was seen

as the basis of ill health (Hinkle, 1977). Cannon (1932) has been credited for laying the groundwork for the systematic study of the effects of stress on the body. As early as 1932, he used the term to refer to a disturbance of homeostasis in the organism that is produced by conditions of pain, hunger, cold, and so on. Selye broadened this definition in the mid-1930s when he described stress as a "set of bodily defenses against any form of noxious stimulus" (Lazarus & Folkman, 1984, p.2). Selye believed that psychological as well as biological threats could serve as harmful agents that trigger a physiological set of reactions and processes. This new perspective helped to spread interest in the concept of stress from the field of physiology to the behavioral and social sciences.

Sociologists have focused on both the societal causes and consequences of stress. Durkheim (1893) addressed a primary cause of stress when he wrote about the alienation that arises when people experience a lack of norms to guide their efforts to achieve socially valued goals. In the 1950s, Seeman (1959) specified five causes of alienation, including powerlessness, meaninglessness, normlessness, isolation, and self-estrangement. More recently, Lazarus and Cohen (1977) identified three types of social or environmental events that trigger stress: major changes affecting many people (natural disasters, war, large scale relocation), major changes affecting few people (death of a loved one, loss of employment, divorce), and daily hassles (small things that irritate people). Other contemporary sociologists identified forms of social disruption that are thought to be the result of stress or strain, such as riots, panics, hate crimes, and other types of hostile outbursts (Smelser, 1963).

Psychologists have discovered that there are individual differences in the way that people respond to stressful circumstances. For instance, under the same mounting pressures, one person might respond with guilt or anxiety, whereas another might react with anger, and yet another might view the situation as an opportunity versus a threat. Lazarus and Folkman (1984) argued that it is important to understand the *cognitive,* or thinking processes, that mediate between a stressor and the individual's response. In fact, they proposed a model for conceptualizing the stress and coping process that highlights the role of the *cognitive appraisal.* This appraisal involves categorizing an event with regard to its significance to safety, security, and well-being. Stress appraisals are said to focus on *harm* (damage that has already been sustained), *threat* (harm that has not yet occurred but is expected), or *challenge* (potential for gain or growth as a result of the experience). Of these, only challenge appraisals dispose us to *eustress,* or the positive affect and

excitement that we feel when we are confronted with a demanding situation that we believe we can handle (McGowan, Gardner, & Fletcher, 2006).

The definition of stress used in this book emphasizes the relationship between the individual and his or her social environment. Consistent with the Lazarus and Folkman (1984) model, psychological stress is viewed as a process that occurs when an environmental event is appraised by the person "as taxing or exceeding his or her resources and endangering his or her well-being" (p. 21). In the pages to follow, we examine personal factors that influence social workers' responses to workplace stressors. We also identify organizational factors that contribute to high levels of occupational stress.

How Stress Affects Us

When a frightening stimulus presents itself, a 90-second window opens. During this brief period of time, the brain releases chemicals that surge through the body, producing an automatic physiological experience. This fight or flight response results in elevations in heart rate, blood pressure, and blood sugar, with increased blood flow from essential organs to the muscles. Within 90 seconds from the original trigger, the chemical basis of the fear dissipates. At this point, one can make a choice to manage the emotions or let the neurological circuit continue to run (Bolte Taylor, 2006). When this stress response is prolonged or activated repeatedly by psychological stressors, a persistent and harmful effect is exerted on your body. Overtime, such chronic distress can result in immune suppression, muscle atrophy, and, ultimately, "diseases of civilization," including diabetes, obesity, hypertension, heart attacks, and skin-related afflictions, such as psoriasis (Pandy, Campbell Quick, Rossi, Nelson, & Martin, 2010, p. 141).

In addition to these physiological effects, behavioral outcomes of chronic stress are recognized by researchers. High-level workplace stress is linked to impulsivity, lowered tolerance toward others, and aggression—both verbal and physical (Vigoda, 2002). Workplace stress also results in what has been termed *counterproductive work behavior,* such as lack of cooperation, withholding of effort, lying, theft, or sabotage (Penny & Spector, 2005, p. 777). Escalating job stress may also manifest in restlessness and agitation, overreaction to minor events, social withdrawal, and increased use of alcohol and drugs (Anschuetz, 1999).

Burnout is a relatively frequent outcome of chronic stress that has received considerable attention. The concept of burnout draws on a vivid

How Long Do You Hang on to Stress?

Imagine yourself in the situations described below. Would you be inclined to hang onto your stress for several hours or more, or would you let it go more quickly?

- You were stuck in an unavoidable traffic jam and therefore late for an important meeting at work. As you enter the meeting room everyone there, including your boss, turns and notices your late arrival. The facilitator of the meeting appears visibly annoyed. Would you explain the reason for your tardiness and then let it go, focusing your attention on the tasks at hand? Would you simmer through the meeting, wondering what consequences you will pay for being late? Would you let this event ruin your day and perhaps your evening?

- You had taken the time early this morning to make your lunch—a carefully prepared sandwich, a piece of your favorite fruit, and two small cookies. When you got to work you had placed your bagged lunch in the refrigerator in the break room. Now it is noon and you are hungry. You open the refrigerator only to find that your bag is open and the sandwich and cookies are gone! You ask around, but no one admits to having taken it or seeing anyone else who did. Would you laugh it off and get lunch elsewhere? Would you likely be angry and upset about this all day? Would you make it your goal to determine who had taken your lunch over the weeks to come? What would it take for you to overcome your stress about this situation?

- Your 8-year-old daughter's teacher calls you at work. She explains that your child was "accidentally" elbowed by another child on the playground. She goes on to report that the injury doesn't appear to be serious, although your daughter is upset about the fact that she has a black eye and needs to be picked up from school. You cancel your afternoon appointments and tell your boss that you need to leave work to take care of a "personal matter." Would you race to the school anxiously and then calm down once you saw that your daughter was OK? Would you hang on to your stress for the remainder of the day and ruminate about whether the event was really an accident? Would you worry for days to come that your daughter might be injured again? At what point could you put this incident behind you?

metaphor—one that depicts the "smoldering of a fire or the extinguishing of a candle" (Schaufeli, Leiter, & Maslach, 2009, p. 205). It refers to the gradual draining of energy that has occurred for the social worker who was once "on fire," but who is now emotionally and physically exhausted. Burnout is rooted in an organizational environment that is characterized by high work demands, low personal rewards, and minimum support (Freudenberger,

1974). According to Maslach and Leiter (2005a), it results from a lack of fit between a person and his or her job across six main areas. These include the following:

- workload (excessive work with inadequate resources),
- control (little influence, high levels of accountability with limited power),
- reward (low pay, recognition, or satisfaction),
- community (social isolation, interpersonal conflict),
- fairness (inequity, preferential treatment), and
- values (little sense of purpose or meaning, ethical conflicts).

As burnout progresses, it can produce callous attitudes, cynicism, and a negative evaluation of one's own personal effectiveness on the job. Ample research has linked burnout in social workers to turnover and intention to leave the job (Mor Barak, Nissly, & Levin, 2001).

Reader Reflections

1) Do you see signs of burnout in workers at your agency?
2) What organizational conditions may contribute to burnout in your workplace?
3) What aspects of the agency environment serve to protect workers from burnout?

Another cost of caring for the helping professional is referred to as *compassion fatigue* or *secondary traumatic stress* (STS). Both terms have been used to describe a set of behaviors and emotions that can naturally occur when the social worker seeks to help a traumatized or suffering person (Figley, 1995). This syndrome manifests in a variety of symptoms that cluster in three core areas: intrusion, avoidance, and arousal. Symptoms of intrusion include unexpected thoughts about one's clients, disturbing dreams about them, and a sense of reliving their traumatic experiences. Avoidance involves efforts to keep clear of clients or client reminders. It may also result in an inability to recall client information, diminished activity level, detachment from others, and emotional numbing. Symptoms of arousal include sleep disturbance, irritability, difficulty concentrating, hypervigilance, and an exaggerated startle response. In a recent study of the prevalence of STS in social workers, Bride (2007) found that 70% of those surveyed had at least one of these symptoms, at least occasionally, in the week prior to the survey. In addition, 55% of respondents met the criteria for at least one of three core symptom

From the Field: Bumping Into Burnout

During my first week on the job at a public agency, the training coordinator met with me. I was expecting her to orient me to my new position and give me information about my new organization. Instead, she spent most of our time together explaining how many people leave agency and how short their careers are. She went on to let me know that a majority of my colleagues were dealing with chronic fatigue and exhaustion. Many were on psychotropic medications for anxiety, depression, and trouble sleeping because of the demands of the job and conflicts with their coworkers. I wondered if these were known facts and also what the agency was doing to help address this. It did not take me long to realize that the existence of burnout was real and that the agency did little to address the problem. I personally observed several workers crying in the office or having emotional flare-ups. I came to know others who were ambivalent, caught between wanting to escape from the situation and an obsession to move forward with their case-carrying responsibilities. It is sad to say, but rather than look at the larger problem or come together, many workers were turning on one another and getting caught up in petty issues that only made the work environment more unpleasant. I also discovered that it was almost an unspoken rite of passage when a new social worker made it past the two-year marker in the agency! It was also clear that the seasoned social workers were tired of spending time and talent training new workers who ended up leaving so soon. This was a rude awakening to the realities of a field that I worked so hard to enter. I wasn't prepared to see this side of social work.

—LeAnna

clusters. The most commonly reported individual symptoms were intrusive thoughts, avoidance of client reminders, and numbing responses.

Finally, *vicarious traumatization* (VT) is conceptualized as an altered worldview that may occur for social workers who empathically engage with the trauma of their clients. As proposed by Pearlman and Saakvitne (1995), VT is seen as a cumulative transformation that occurs across time and helping relationships. It is said to result in disrupted beliefs and assumptions about self and others as they relate to trust, safety, control, esteem, and intimacy. The concept of vicarious trauma has a strong theoretical foundation in constructivist self-development theory—a conceptual framework focused on the ways in which individuals make meaning of their experiences. Although there is limited research regarding the prevalence of VT, anecdotal reports of this condition are relatively common. For instance, during workshops conducted

From the Field: Burdened with Burnout

I had worked for many years in the medical social work field and decided that I needed a change. So I took a job doing assessments and group work at a private psychiatric partial-hospitalization program. This program was owned and operated by a psychiatrist who was well-known in the community as a competent physician. However, as I came to understand in the years to follow, he had little or no leadership skill or management ability. He had very high expectations of his employees, but he offered little in the way of recognition for a job well done. None of the therapists ever received performance reviews or salary increases. To make matters worse, he and his assistant director piled on the work. The caseloads were completely unmanageable and documentation requirements were excessive. I found myself working after hours just to keep up. Eventually, I noticed that I was absolutely drained. I dreaded getting up in the morning and going to work. When I was at home, I was thinking about how much I hated my job. I was also cranky and irritable with my wife. She wanted to spend time with me but I had little energy to invest in the relationship. One day, I even lost my cool with the assistant director when he started in with his nit-picking and micromanagement. That's when I knew something had to give. I finally left this job and went back to a social work position in a medical hospital. It became clear to me that the novelty of working in a new area of social work was not worth the price I had been paying.

—Joe

with child welfare workers across five states, Pryce, Shakelford, and Pryce (2007) found that many described a shift in worldview that resulted from knowing about the terrible things that abused and neglected children experience. Some acknowledged their own loss of innocence, trust, companionship, and intimacy because of their daily encounters on the job. Similarly, Gold (1998) conducted focus groups with 40 child welfare workers to explore the effect of this work on their physical and emotional functioning. Some participants reported that their lives had been invaded by pessimism, jaded attitudes, and mistrust of people. One worker is quoted as stating, "I don't see the world with any normalcy any more. I only see it through the eyes of child abuse" (Gold, 1998, p. 712).

These accounts of chronic stress are quite alarming, perhaps even distressing in and of themselves. However, despite these potential pitfalls, many human service workers do not fall prey to serious work-related stress disorders. In fact, some fare quite well and manage to survive and even thrive in

a very demanding and challenging occupation. These high-functioning pro-fessionals appear to know the art of self-care, in one or more of its varia-tions, which is discussed in chapters to follow. It is also likely that they have received support in understanding and surmounting both personal and orga-nizational sources of stress in social work.

Personal Sources of Stress

Consider two social workers who have encountered the same workplace stressor. Each has been made aware of a series of negative outcomes with the clients they have served over the last year—high service drop-out rates, limited goal attainment, and low client satisfaction with services. Worker 1 views this feedback as an indication that he or she is incompetent and should change occupations. Worker 2 perceives the poor outcomes as fixable and focuses on ways to turn things around. The latter employee considers a variety of external factors that could account for these outcomes, includ-ing inadequate screening of referrals, poor coordination among services pro-viders, and increased caseloads. Now imagine that these same individuals have instead experienced a positive event: Each has been nominated as social worker of the month within their organizations. Worker 1 attributes this honor to the chance occurrence that he or she has pleased the supervisor in recent weeks, who is now merely trying to motivate him or her to work harder. Conversely, Worker 2 assumes that the nomination is a well-deserved recognition of his or her on-going hard work and capability. It can be said that these workers have different *attributional styles,* resulting in markedly dissimilar responses to both positive and negative situations. According to Peterson and Seligman (1984), attributional styles are reflected in the ways that circumstances and events are interpreted and explained. A person who adopts a negative attributional style tends to assume that the causes of prob-lematic events are stable, internal, and universal, and that the causes of posi-tive events are unstable, external, and situation-specific. The reverse is true of the person who embraces a positive attributional style. This individual tends to believe that negative events can be explained by factors that are tempo-rary, external, and situation-specific, whereas positive events are caused by factors that are lasting, internal, and global. In a recent study with 190 nurses in a medical facility for veterans, Welbourne, Eggerth, Hartley, Andrew, and Sanchez (2007) linked a negative attributional style to the use of avoidant versus problem-solving approaches to dealing with workplace stress and to

lower levels of job satisfaction. It has also been associated with depression (Seligman & Nolen-Hoeksema, 1987), health-related problems, and mortality (Peterson, Seligman, & Valliant, 1988).

Reader Reflections

1) Do you tend toward a positive or negative attributional style?
2) What life experiences have you had that may have shaped your style for interpreting and explaining both positive and problematic events?

Social work employees are also more vulnerable to stress on the job when they possess lower levels of *psychological hardiness*. Kobasa (1979) theorized that individuals with a hardy personality have a strong sense of commitment (purpose and meaning), control (belief that they can influence events), and challenge (orientation toward change as an opportunity for growth). In contrast, people with low levels of hardiness tend to feel uninvolved, powerless, and threatened as a result of their work-related experiences. As a result, they are likely to become uncooperative, inefficient, unmotivated, and might even succumb to stress-related illness (Lambert, Lambert, & Yamase, 2003). Understanding the components of psychological hardiness may be useful in the proactive management of workplace stress.

Another personal factor that appears to be related to occupational stress is *social identity*. The theory of social identity suggests that a person's sense of self is influenced by the knowledge that he or she belongs to a certain group (for example, social workers, case managers, clinicians) and not to others (for example, physicians, psychologists, administrators). This in-group–outgroup identification is said to play a major role in determining whether a given stressor is seen as threatening (Haslam & van Dick, 2011). For example, an agency's adoption of a new evidence-based model of social work practice may be seen as a welcome change to administrators who are striving to improve agency outcomes and obtain a competitive edge with funders. Conversely, this step may be viewed as much more threatening to social work clinicians who have established their professional identity on the basis of their expertise in another approach to therapy. Thus, it is clear that subgroup identification (administrator; clinician) may affect these workers' reactions to change. However, employees thought to be most vulnerable to extreme stress are those who have little psychological connection to any group within the organization (that is, individuals with low levels of social identification).

These workers may find themselves isolated, unsupported, and at high risk of burnout (Haslam, O'Brien, Jetten, Vormedal, & Penna, 2005; O'Brien & Haslam, 2003). This hazard may befall social work students, particularly if they are the only intern assigned to their placement setting. It is important that supervisors minimize this risk by creating opportunities for these students to build connections with their coworkers within the organization.

A variety of demographic factors have also been examined in relation to workplace stress. Age appears to be correlated with burnout: Younger workers report higher levels of stress than do older ones (Maslach, 2005). Gender has also been found to influence the stress process. According to Cocchiara and Bell (2009), women experience certain unique employment-based stressors to a greater extent than do their male counterparts: lack of career progress, discrimination, stereotyping, and *interrole conflict* (conflicting expectations between their roles as employee and primary caretaker for their families). Other research has shown that, in response to threat, the female body produces hormones that trigger caregiving behavior (Taylor et al, 2000). Thus, when stressed, women are less inclined than are men to engage in fight or flight behavior and more inclined to search for comfort through interpersonal bonds and connections (that is, they "tend-and-befriend"). Members of oppressed groups might also be subject to higher degrees of occupational stress than are others. They have been found to experience stress that is additive to the general stressors that are experienced by all (Meyer, 2003). The dual perspective theory provides insight as to the nature of the stress process for cultural groups outside of the majority population (Norton, 1978). It suggests that every individual is a part of two surrounding systems: the nurturing system that is composed of family, friends, and other close associates and the sustaining environment that is made up of people in the wider community (including those in work settings). Conflict and strain result when the values, attitudes, and behaviors of the nurturing environment are incongruent with those of the sustaining environment. This lack of congruence and resulting strain is common for members of oppressed groups. By assuming a dual perspective, we appreciate the unique challenges that these workers face in adapting to the culture of their organization.

Finally, an individual's life experiences can contribute to the rise of stress-related difficulties on the job. For instance, a social worker's personal trauma history may increase his or her vulnerability to secondary traumatic stress (Figley, 1995) and vicarious trauma (Pearlman & Saakvitne, 1995). This is the likely result when indirect exposure to a client's trauma material

From the Field: Culture Clash

At the age of twenty-four, I began a graduate program in social work. I was drawn to the profession because of its focus on social change and on advocating for oppressed groups. I now see that I had an idolized view of the field and had disregarded how my own identity as a queer might clash with the culture of other social workers. My first wake-up call occurred at an orientation for students and their field instructors. It took place at the university and no requirements were set for attire. I came dressed in my usual gender queer clothing, which typically consists of nicely ironed male button down dress shirts and dress shorts or pants.

I met my agency field instructor who attended the orientation with another social worker who was employed at agency where I would be placed. My field instructor introduced me to this other worker who was a very gender normative female practitioner. I will never forget the look on her face when she turned to me. She appeared uncomfortable, hesitant, and disgusted by what she saw. At the end of our short conversation about the agency, she looked at me, pointed at my body from my head to my toes and stated, "You're going to have to step it up a bit." I recall immediately looking around and seeing my classmates dressed in sweat pants, t-shirts, and flip flop sandals. I was shocked. I was anxious about having to work with a person who immediately upon meeting me had a problem with my identity. I just wanted to cry. It was the second day of a two-year program and I already felt unwelcome.

When my internship began, my field instructor and other social workers at the agency attempted to make me feel welcome. Yet I could still feel the discomfort and stress regarding my experience with that social worker at the orientation. During supervision with my field instructor, I decided to share my experience. She advised me to limit my contact with that person and to inform her if any other incidents occurred. As the school year passed, other incidents did occur in which I questioned the intentions of this social worker. One day, she decided to apologize. She asked me to come inside her office and shut the door. Her apology consisted of "I just wanted to tell you that I am not homophobic." This comment made me feel even worse. Eventually, I shared my experiences with the director of the social work program. I was offered an opportunity to change my field placement, but I turned it down. I was not going to let that offensive person take away my opportunity to learn public adoption practice.

I share my experience today because often in our profession we are taught a concept known as "self-care." Literature and discussions of this topic often fail to acknowledge stressors on the practitioner, other than countertransference and secondary trauma. Years later, I can still clearly identify the stress, discomfort, and self-doubt I felt throughout that school year as a result of discrimination. However, through this experience I have come to realize that, as members of oppressed groups, we cannot control the hate or fear that others direct our way. We can only change ourselves. Self-care to me means finding a way to be at peace with oneself.

—MJ

triggerrs the worker's own unresolved traumatic conflicts. For this reason, it is important that trauma survivors avoid the temptation to "work on their own healing by helping others work through theirs" (Yassen, 1995, p. 196). It is recommended that these aspiring social workers and trauma survivors complete their own recovery process and allow for some space, time, and distance from their own experiences prior to taking on work responsibilities that involve close contact with client trauma.

Organizational Sources of Stress

Sources of stress go well beyond the personal, however, as has been demonstrated in a wide body of research on organizational factors that contribute to stress related conditions in employees. Most notably, a large-scale study (N = 10,308) was conducted with civil servants who worked in London between the years 1985 and 2000 (Kuper, Marmot, & Yamase, 2003). This research examined the relationships between various aspects of job strain and incidents of health-related problems. Results showed that *high job demands* (the requirement to work hard and quickly) and low *decision latitude* (lack of control over duties, timelines, and organizational decisions) were associated with an increased risk of coronary heart disease (CHD). In addition, high effort combined with low rewards was related to increased incidents of CHD and poor physical and mental functioning (Kuper, Singh-Manoux, Siegrist, & Marmot, 2002), whereas perceptions of injustice on the job were linked to absences from work because of illness (Head et al., 2007). *Justice climate* is a term that has been used in referring to worker perceptions regarding the level of fairness within their agency, especially as it relates to processes and procedures, interactions between supervisors and subordinates, and outcomes received by individuals. In general, unfavorable perceptions of justice within the organization have been associated with job strain (Elovainio, Kivimaki, & Helkama, 2001). Other work has identified *rank*, or position in the organization's hierarchy, as a determinant of stress. For example, Morin (2002) found a significant relationship between low perceived rank and increased vulnerability to the effects of occupational stress. Furthermore, Collins (2006) showed that when rank or status dynamics are not understood and processed, the result can be "defiant, deferential, or defensive behaviors on the part of the lower ranked employees" (p. 314). Therefore, it is important that organizational leaders do not underestimate the effects of their behavior toward subordinates (Offerman & Hellmann,

1996). Social work supervisors, in particular, need to be aware of the power they hold in the supervisory relationship and take responsibility for when, how, and why they choose to exercise it (Cousins, 2004).

Role conflict and role ambiguity have been identified as organizational sources of stress that are particularly relevant to social work. *Role conflict* occurs when employees are expected to carry out activities that are incongruent with their professional identity and training. This conflict may arise when the employee's role in the agency demands that they behave in a manner that is inconsistent with their values or provides limited opportunities for them to use their skills or knowledge. When there is a lack of clarity regarding work responsibilities, *role ambiguity* is the result. In a study of 259 mental health service providers, Acker (2003) found that both role conflict and ambiguity were significantly associated with two key dimensions of burnout: *emotional exhaustion* (feeling overextended and fatigued by one's work) and *depersonalization* (impersonal and detached responses toward clients). We recommend that organizations develop plans for combating burnout that involve increasing workers' satisfaction with their jobs.

The concept of *emotional labor* sheds light on an additional source of stress in social work. This type of labor requires the employee to regulate the expression of his or her emotions according to strong display rules. Workers who have customer or client contact are subject to the strongest pressures in this regard. When there is chronic disequilibrium between the worker's felt emotions and those he or she must exhibit, negative health and mental health consequences could result (Schaubroeck & Jones, 2000). As applied to social work, employees who have frequent contact with angry, hostile, or involuntary clients may be at highest risk for stress reactions of this kind. They may frequently find themselves in situations in which they are expected to mask their emotions when clients trigger their anger, anxiety, or fear. Two types of acting have been identified that are used by employees to help them comply with display rules: surface acting in which one modifies facial expression or body language and deep acting in which one alters his or her inner feelings. Research has shown that surface acting, unlike deep acting, is associated with higher levels of emotional exhaustion on the job (Grandey, 2003). This finding suggests that to limit the negative consequences of emotional labor, strategies are needed that not only help social workers manage their inner feelings, but also support their physical and emotional safety on the job.

Discrimination at the organizational and interactional level also contributes to high levels of workplace stress. Gaps in pay and limited access to

promotions negatively affect white women, as well those of color, working in human service organizations (Weinbach, 2008). Cases concerning inequalities in hiring and firing practices on the basis of race, gender, age, class, religion, and sexual orientation appear in all sectors of the job market. On an interpersonal level, negative stereotypes of social workers that are based on demographic characteristics or professional roles result in misunderstanding and conflict on the job. When harassment occurs, the consequences can be dire. Ethnic harassment, gender harassment, and generalized workplace harassment predict a variety of strain outcomes, including low organizational commitment, poor job satisfaction, turnover intention, poor psychological well-being, and physical health problems (Raver & Nishii, 2010).

Finally, when the culture of an organization is toxic, stress reactions in employees are likely to occur. The *toxic culture* can be described as one in which workers are uncivil and uncooperative, human needs of individuals are ignored, and mistakes or discrepant views are not tolerated (Barnes, 2006). It is also one in which there is a lack of sensitivity toward others and "the name of the game is surviving, prospering, and acquiring control" (Frost, 2003, p. 57). For social workers, in particular, it can be demoralizing when their agency promotes what Morrison (1990) called *survival messages,* such as "don't feel, be strong, and don't admit mistakes" (p. 255). Such messages discount and devalue natural human emotions and assume that they indicate weakness or incompetence in the employee.

Bullying is a workplace stressor that often emerges within toxic cultures that lack effective supervision and leadership. It is a relatively common form of psychological aggression that can have serious adverse psychological and psychosomatic effects on its victims. Workplace bullying involves employee behaviors that are regular, repeated, and persistent and include harassing, offending, or socially excluding a coworker, threatening his or her status as a professional, or deliberately interfering with his or her work tasks (Einarsen, Hoel, Zapf, & Cooper, 2003). Organizational factors thought to contribute to bullying behavior include low psychosocial safety, perceived power imbalances, low perceived costs for perpetrators, low job satisfaction, and high internal competition (Bond, Tuckey, & Dollard, 2010).

To better understand this phenomenon as it applies to social work, van Heugten (2010) interviewed victims of bullying about their experiences. Frontline social workers relayed incidents in which their managers made harsh demands, yelled and swore at them, and called them names. They also described situations in which their supervisors probed into their personal

From the Field: Being Bullied

I was excited to start my first day of employment in a child welfare agency, having only graduated with my master's degree in social work three months previously. When I arrived at the agency, my supervisor asked that I spend the first week shadowing other social workers. I asked around, but it was difficult finding anyone willing to take me out into the field. When someone finally agreed, I was thrilled. Beth, a "seasoned" worker of four years, managed a caseload similar to the one I would be managing. It seemed a great first-day match. We visited a couple of homes and met with families. Then we headed out into a very rural, isolated area. It had been snowing and the weather was cold. The roads were slippery. Beth slowed the car and stopped on the side of the road. She turned to me and said, "You know that everyone in the office hates you, right?" I didn't know what to say. I nodded my head apprehensively. Beth continued, "You come in here with some degree, get more money than the rest of us, and it isn't fair." I stopped nodding. She finished, "You probably should watch your back, because there are a lot of angry social workers." She laughed. Loud. She then turned toward the steering wheel, started the car again, and drove to our last home visit.

   I soon discovered that Beth was right, others were angry. On my fourth day on the job, my supervisor asked me to take on a case of my own. In preparation, I gathered a notepad, pencil, and bottle of water. Within minutes, Jen, an investigating social worker of over seven years, pointed at me from the end of the office cubicles and loudly stated, "You, MSW, let's go." I stood immediately and followed her, barely understanding what she was saying. "I told them not to give the case to a green worker but no one cares what I say." It became clear that conversations about me had occurred behind my back. I tried to respond, but she was walking so far in front of me, walking briskly, that I could not project loud enough for her to hear me. When we reached my supervisor's office, Jen said, "Here she is. Now what?" Jen, my supervisor, and I staffed my new case for nearly an hour. It was a difficult one. I drew a rough genogram and mapped family history and issues. I had notes on each parent, child, and extended family member known to the agency. I also made a "to do" list, with some comments about overdue referrals, missing placement paperwork, and lost child medication requests. I was looking at a tremendous amount of information and follow-up. After the staffing, I left my notes and the bottle of water at my desk, and went to the mailroom to find the needed forms to begin my work. When I returned, I passed Jen in the hall, and thanked her for the wealth of information she was able to provide about the family. She barely stopped, and mumbled as she left, "You're never going to get up to speed on this case."

From the Field: Being Bullied *(continued)*

When I returned to my desk, my water bottle had been moved off of my note-pad and my notes were gone. I searched my trash, empty drawers, and supervisor's office. I searched for over 30 minutes. When I finally saw Jen again, I asked if she had seen them. She stated, "Don't they teach you MSWs how to work a case without notes? Sounds like you are going to have to try. I told you that you were never going to be able to get up to speed." That was it. She walked away and I was left knowing that my notes were nowhere to be found.

　　This kind of treatment continued for nearly six months, in varying degrees of intensity. Sometimes it was in the form of a joke or sarcastic comment. Other times, my peers referred to me in their complaints to supervisors—as an example of how wages, caseload sizes, and case assignments were unfair. But worst of all was the purposeful disrespect, such as mean and spiteful remarks or discussions about me behind my back when I could clearly hear. I had not expected this aspect of my employment. And I had certainly not anticipated how it would impact my day-to-day work.

—MLK

histories and used information gathered to suggest the presence of a mental disorder or problems with authority. Supervisors themselves indicated that they were held to workload expectations that were excessive and unrewarded, and some suggested that difficult employees and clients were intentionally transferred to their teams. All stated that the bullying behavior lasted close to or longer than six months; some reported that it lasted two years or more.

Reader Reflections

1) How would you react if you were being bullied in your workplace?
2) What would you do if you saw a coworker being bullied?
3) What support would you need to address a problem with bullying in your agency?

To minimize workplace bullying and other forms of toxicity, administrators need to promote a value of compassion within their organization. Frost (2003) described the compassionate organization as one in which the emotional health of employees is valued, promoted, and preserved. It is also one where workers are hired and promoted for both attitude and skill. Finally,

it is a setting in which supervisors "go beyond task-focused leadership" by validating their employees and taking the time to recognize and appreciate their efforts (Frost, 2003, p. 29).

Conclusion

For social workers striving to overcome the professional challenges they face, a thorough understanding of the stress process is vital. The literature across disciplines, including biology, medicine, sociology, clinical psychology, and organizational psychology, extensively explores this topic and offers useful information. The person-in-environment framework that forms the cornerstone for social work practice reveals that sources of stress can be found at both personal and organizational levels. Thus, responsibility for the management of stress in social work lies not only with agency supervisors and administrators, but also with individual employees. We call for a mutual commitment to the creation of compassionate organizations that support the self-care of all who dedicate their time and energy to this emotionally trying and taxing occupation.

Discussion Questions

1. Explain the similarities and differences between burnout, secondary traumatic stress, and vicarious trauma. Give an example of each.
2. Why might younger social workers be more vulnerable to burnout than older ones?
3. What could social work agencies do to respond to the "tend-and-befriend" tendency that might be present in female employees?
4. Why is it important for trauma survivors to complete their own recovery process prior to serving in a helping capacity with victims of trauma?
5. What can be done to transform a toxic organizational culture?

Chapter Exercises

1. Social Identity

Each person has one or more social identities as it relates to their work environment.

How would you describe yours?

Over the upcoming week, take notice of the people in your agency, those who have a social identity that is similar to yours and those who are different.

What issues seem important to employees across groups?

Are the issues similar or different? What appears to trigger stress for people who share your social identity?

2. Emotional Labor

Reflect on an occasion on the job when you masked your emotions while in communication with a client.

What were your true feelings and what prompted them?

What emotions did you project instead?

What were the display rules that guided your cover-up?

Did you engage in surface acting?

What would deep acting have involved?

3. Compassionate Organization

Imagine that you are entering the main office of a compassionate social work organization.

What is the first thing you notice?

As you travel through the work setting, what more do you observe about the way employees and supervisors behave? Give specific examples.

Now, consider and describe ways that you can bring more compassion to your organization.