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**THE RELATIONSHIP AMONG EMOTIONAL INTELLIGENCE, COPING
STRATEGIES, AND OCCUPATIONAL BURNOUT FOR CHILD PROTECTIVE
SERVICE WORKERS**

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**THE RELATIONSHIP AMONG EMOTIONAL INTELLIGENCE, COPING
STRATEGIES, AND OCCUPATIONAL BURNOUT FOR CHILD PROTECTIVE
SERVICE WORKERS**

A

DISSERTATION

Presented to the Faculty of the Graduate School of
St.Mary's University in Partial Fulfillment
of the Requirements
for the Degree of

DOCTOR OF PHILOSOPHY

in

Counselor Education and Supervision

By

Yvette Longoria, M.A.

San Antonio, Texas

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DEDICATION

To my mom, Teresa Sanchez for all the support, love, and encouragement you gave me. I love you.

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I find writing this page challenging because I fear omitting someone significant who provided support to me during my dissertation journey. I am grateful to everyone who has inspired me in various ways throughout this path. So many individuals have contributed to my achievement, and I understand this accomplishment belongs to all of us.

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ABSTRACT

THE RELATIONSHIP AMONG EMOTIONAL INTELLIGENCE, COPING STRATEGIES, AND OCCUPATIONAL BURNOUT FOR CHILD PROTECTIVE SERVICE WORKERS

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St. MARY'S UNIVERSITY, 2023

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There are low retention rates of child protective service caseworkers and this impacts the quality of care of the families served. The purpose of this study was to examine the relationship between emotional intelligence, coping strategies and occupational burnout for CPS caseworkers. In addition, examining the relationship between education type, education level, and caseload size as it relates to emotional intelligence, coping strategies, and occupational burnout among child protective caseworkers. The theoretical framework utilized was the Transactional Theory of Stress and Coping. A convenience sampling was used to collect participants employed as FBSS or CVS caseworkers at Texas Department of Family Protective Services. A total of 177 CPS FBSS and CVS caseworkers were polled. The information was gathered through Texas Department of Family Protective Services case workers and through social media recruiting. Participants completed the Wong and Law EI Scale, Brief COPE Instrument, and Copenhagen Burnout Inventory, and a demographic survey. Results of the MANOVA showed a statistically significant Wilks's lambda: $\Lambda = .907, F(8, 326) = 2.037, p < .042, \text{partial } n^2 = .315$. Followed with a multiple regression analysis, showed negative coping skills were found to be significant predictors of occupational burnout among child protective

service workers. Examination of the unstandardized beta found that for every point or unit a CPS caseworker increased in negative coping, the participant increased on burnout by .437 points. The study's findings serve as a foundation for future research, policy, and practice recommendations.

Keywords: child protective services, caseworkers, emotional intelligence, coping strategies, occupational burnout, education type, education level, caseload size, Transactional Theory of Stress and Coping, Texas Department of Family Protective Services, Wong and Law EI Scale, Brief COPE Instrument, Copenhagen Burnout Inventory, negative coping skills, positive coping skills, retention rates, quality of care, policy recommendations.

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Chapter 1: The Problem and Justification of the Study

A high rate of turnover and burnout can put the families served in Texas (TX) Department of Family and Protective Services (DFPS) in crisis. TX child protective services cases are handled in phases based on the severity of the allegation. The phases include an intake process, investigation (CPI), and family-based services (FBSS) and legal proceedings (CVS). This study will evaluate coping styles and burnout in TX FBSS caseworkers and CVS caseworkers. The National Child Welfare Workforce Institute estimated that annual turnover rates that fall below 10-12% are considered ideal or healthy (Annie E. Casey Foundation, 2015). The average annual turnover among child protective services (CPS) caseworkers was estimated between 20-40% (Annie E. Casey Foundation, 2015), with a 36% annual turnover among family-based service caseworkers and 15% among CVS caseworkers (DFPS, 2018). DFPS fiscal report of 2018 confirmed reported cases of child abuse/neglect of 66,382 with 30,378 of families receiving preservation services (DFPS, 2018). Children who were removed while receiving family-based safety services was estimated at 4,464 (DFPS, 2018). High turnover rates and the cost of high turnover indicate a serious problem at the DFPS. The estimated cost of a CPS caseworker leaving a Texas agency is \$54,000 (Patel et al., 2017).

One of the most difficult problems that CPS faces is retaining a high-quality workforce. CPS has the highest turnover of any state department of its scale, and after a 2-year reform effort called CPS Transformation, average turnover still stands at about 25% per year (Patel et al., 2017). Overall turnover reported for TX fiscal year of 2020 was at 19.9% (DFPS, 2020). CPS caseworker responsibilities can be demanding, and not everybody is cut out for this type of role. Every day, caseworkers must make life-or-death decisions while balancing unmanageable workloads that continue to rise each year. In addition, caseworkers are expected to work long hours, often away from their family on weekends and holidays, and they often do this risky work alone.

One of the most common reasons cited by workers for leaving the profession is the stressful nature of the job (Kim, 2011). For instance, common reported stressors were noted as high paperwork demands, overwhelming caseloads, problems with difficult clients, and shortages of staff (Kim & Kao, 2014). In a meta-analysis in 2014, 36 variables were identified to help clarify turnover intention or employee's intention to voluntarily change jobs among CPS caseworkers (Kim & Kao, 2014). The 36 variables identified were in four categories as demographics, work-related, work environment, and attitudes and perceptions. Attitudes and perceptions had the highest influence with work-related coming with a medium to high effect. In contrast, demographic predictors (age, race, and gender) showed small effects (Kim & Kao, 2014).

Work-related stress is impacting job satisfaction (Mcrae et al., 2015), and self-reported decrease of mental and physical well-being of CPS caseworkers contribute to these workers leaving the field prematurely (Griffiths et al., 2018; Griffiths et al., 2020). This study will contribute to the body of knowledge about the negative effects of occupational burnout among CPS caseworkers by exploring personal resources, such as emotional intelligence and the selection of coping strategies. The purpose of this quantitative study is to examine the relationships among emotional intelligence, coping strategies, and occupational burnout in TX child protective service caseworkers. The following sections will elaborate on the problems the DFPS faces, my research questions and hypotheses, including justification for the study, limitations and definitions of terms.

Statement of the Problem

According to the Texas Department of Family and Protective Service website, its mission is to “promote safe and healthy families and protect children and vulnerable adults from abuse, neglect, and exploitation” (DFPS, 2020). Family-Based Safety Services (FBSS) is designed to keep children in the home or plan to return children to the home, by providing

a variety of services, directly, indirectly through contract service providers, or through referrals to community-based providers (DFPS, 2020). Services include but are not limited to, daycare, parenting skills training, substance abuse counseling, mental health counseling, anger management counseling, and referrals for public assistance (DFPS, 2020). In 2018, congress passed the Family Service Prevention Act as part of the Bipartisan Budget Act to use federal funding to decrease entry in foster care and limit the use of congregate care by increasing access to substance abuse and mental health services. Child abuse and neglect have already occurred before these services are provided. Thus, this Act places the burden of keeping families together on the FBSS caseworker or CVS caseworker.

The American Counseling Association's counselor advocacy skills, multicultural counseling, social justice competencies, and an advocacy model created expressly for the child welfare system have all been taken into account in the development of a unique, integrated, social justice-oriented model for counselor advocacy within the system (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016). CACREP is an independent accrediting agency to assure graduate counseling programs create standards within the counseling profession (CACREP, 2016). Within CACREP standards, counseling students must receive training in several areas that have pertinence to the child welfare system: crisis intervention; trauma-informed care; community based strategies; assessment and evaluation for working with individuals, couples, and families from a systems perspective; intake interview; mental status evaluation; bio psychosocial history; mental health history; and psychological assessment for treatment planning and caseload management; techniques and interventions for prevention and treatment of a broad range of mental health issues; strategies for interfacing with integrated behavioral health-care professionals; cultural factors relevant to clinical mental health counseling; and strategies to advocate for persons with mental health issues (CACREP, 2016). Counselors have the

knowledge and skills that can impact the needs of the child welfare system and the lack of literature in this domain indicates that counselors have been underutilized (Ackerman, 2017).

Counselors can encourage CPS caseworkers to promote their personal well-being to facilitate their professional well-being. Emotional intelligence (EI) is a multidimensional concept that incorporates emotional and social dimensions, personal traits, skills, and competencies in oneself (Bar-On, 2006; Cherniss, 2010; Multi Health Systems [MHS], 2011). EI enables individuals to relate well with others and adapt to their immediate surroundings in order to be more successful in coping with environmental demands (Bar-On, 2006; Cherniss, 2010; [MHS], 2011). Coping is a multi-dimensional construct consisting of thoughts and behaviors that individuals use to manage situations that are deemed stressful (Folkman, 1984). CPS caseworkers are impacted by stress, emotional exhaustion, and job dissatisfaction, which lead to high job turnover (Schelbe et al., 2017). Furthermore, CPS caseworkers often relive traumatic information when they listen to painful maltreatment experiences and assume the role of protecting these children from violent situations (Sprang et al., 2011). Understanding what is impacting CPS caseworkers may decrease occupational burnout, decrease turnover, improve coping strategies, and overall improve CPS caseworker's workplace morale.

Working with families in crisis (relational issues, abuse issues, and other traumatic events) is a daunting task and can have serious stress related repercussions both mental and physical in nature for the CPS caseworker (Bride et al., 2004). The psychological effects of direct exposure to traumatic events such as childhood abuse, criminal victimization, natural disaster, war, and terrorism are well documented; dozens of books and scientific articles have been published documenting the nature and dynamics of traumatic stress (Bride et al., 2004). In a 2020 study, secondary trauma stress (STS) was found to be relatively common, with 29.6% of caseworkers ranking in the "severe" scale (Rienks, 2020). STS are found to be

positively correlated with burnout and negatively associated with organizational support and coping among caseworkers (Rienks, 2020). Concurrently and three years apart, those who used positive coping strategies showed less signs of secondary traumatic stress (Rienks, 2020). The findings of the study highlight the importance of creating a self-care plan and providing organizational supports in place to shield child protection caseworkers from the harmful impact of secondary trauma exposure or burnout both immediately and over time.

Exposure to secondary trauma also poses an occupational hazard and can manifest into harmful consequences (Conrad & Kellar-Guenther, 2006). A study in 2006 of 363 child protection workers found that almost 50% had a high risk of compassion fatigue, although only 7.7% reported a high risk of burnout. This raises questions about the differential levels of these conditions in a population that is at high risk for both compassion fatigue and burnout (Conrad & Kellar-Guenther, 2006). With an unfavorable relationship with employee satisfaction and retention, job burnout and its negative impact on staff well-being and retention continue to be a problem among CPS caseworkers (Leake et al., 2017). Moreover, CPS caseworkers are among the most vulnerable to burnout of all the helping professions (Leake et al., 2017).

Burnout is a syndrome defined as “A state of exhaustion in which one is cynical about the value of one’s occupation and doubtful of one’s capacity to perform” (Maslach et al., 1996, p. 20). Occupational burnout can have long lasting effects. For example, longitudinal research suggests that burnout can result in impairment over periods of five, ten, or even fifteen years (Bakker et al., 2000; Hakanen et al., 2011; Schaufeli et al., 2011). Moreover, individuals faced with burnout experience chronic fatigue and disconnection emotionally and cognitively from their work. Additionally, individuals displaying high levels of burnout are likely to report physical and psychological problems, such as anxiety, depression, sleep problems, memory loss, and substance dependence (Peterson et al., 2018).

Literature has suggested such structural causes in the work environment for child protective workers as job demands, low job resources associated with long hours, high workloads that have led to emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment as causes of burnout (Sprang et al., 2011). The National Child Welfare Workforce Institute estimated 64% of burnout is work related, to include paperwork, bureaucracy, and the inability to affect change, and 36% of burnout is client related, to include secondary trauma, personal safety threats, and not enough client engagement. In addition, challenges leading to high turnover are staff shortages and increased of work-loads for the existing case workers. Research also has indicated individual factors can play a significant role in the development of burnout as certain personal characteristics can predispose employees to cope in the unproductively with their job demands (Swider & Zimmerman, 2010). A competent and committed child welfare workforce is an absolute necessity for assuring that effective protective and treatment services are provided to those in need (DePanfilis & Zlotnik, 2008; McFadden et al., 2015), but this workforce is not immune to the personal effects of the work (Sprang et al., 2011; Swider & Zimmerman, 2010).

Further studies have indicated that the professionals most at risk of burnout are those who are female, are highly empathic individuals, have a history of trauma exposure, have high caseloads, are socially and organizationally isolated, and have inadequate training (Bride et al., 2007). However, another study conducted in 2011, concluded being male and younger also predicted high burnout rates (Sprang et al., 2011). Nonetheless, with high levels of work stress, the median national child welfare worker turnover rate hovers between 14–22 % annually (Edwards & Wildeman, 2018).

Evidence shows that burnout is not only costly to the individuals but also to the employers of those affected by burnout. Burnout affects workers' well-being, decreases job performance, and increases absenteeism and the intention to the leave the job (Cordes &

Dougherty, 1993; Swider & Zimmerman, 2010). An annual report on employee turnover for fiscal year of 2021, Health and Human Services had the second highest turnover rates, CPS was 29.7%. This not only poses major concerns for child protective service caseworkers who are feeling burnout while making decisions, but it also impacts the cost it takes to replace a worker. In Texas, it was estimated for every worker who leaves, the cost to recruit, hire and train a replacement is \$54,000 (Patel et al., 2017). When a CPS caseworker departs the department, cases are transferred to other caseworkers who are already overburdened. This can lead to families not being followed up and in the most catastrophic cases, it can lead to a child's death (Patel et al., 2017). The purpose of this study is to examine individual differences that can predispose CPS caseworkers to burnout by examining the relationships among emotional intelligence, coping strategies, and occupational burnout in child protective service workers.

Most researchers have focused on how to recruit staff, but not much focus has been placed on retaining staff. One of the most significant limitations of burnout studies in child welfare is how little is already understood about the antecedents of burnout—that is, the human causes and occupational background that contribute to burnout. Providing case workers with staff development, such as emotional intelligence training might reduce personal, professional, and social costs (Sprang et al., 2011). In addition, integrating self-awareness and empathy training for CPS caseworkers might reduce the risk of burnout (Burks & Kobus, 2012). This study investigates the relationship demographic variables (caseload size, educational level, and education type) relates to EI, coping strategies, and occupational burnout among child protective caseworkers. The study further investigates if emotional intelligence and coping strategies are related to occupational burnout so that employers can appropriately focus intervention in the workplace helping professionals to identify how to incorporate emotional intelligence in the workplace. As a result, improve the

use of coping strategies to reduce occupational burnout and keep seasoned CPS caseworkers. It is proposed with this research an increased level of EI can provide burnout protection for CPS caseworkers and help them in coping with challenging and stressful environments (Birks & Watt, 2007; Gorgens-Ekermans & Brand, 2012). Additionally, increased EI may allow for improved stress management that impacts employee retention rates (Gorgens-Ekermans & Brand, 2012).

Child Protective Services Caseworkers

Children and families are referred to Child Protective Services (CPS) by the DFPS Investigations unit, which investigates complaints of child abuse and neglect (DFPS, 2020). CPS caseworkers provides a variety service and plays vital roles to ensure the safety of the families they serve (DFPS, 2020). Furthermore, CPS is designed to maintain the child or children's safely in their homes or make it possible for children to return home by providing services if needed. CPS investigators will determine if there is a reasonable chance that a child may be abused or neglected in the near future based on an investigation of the claims (DFPS, 2020). If the investigator concludes the child or children are unsafe, family will be referred to services or file a petition to initiate a civil court action to protect the child or children (DFPS, 2020).

Family Based Safety Services (FBSS) are provided directly by CPS staff or through contracted service providers or community-based providers (DFPS, 2020). When a family is receiving services by FBSS, children can still remain in the home or are placed with relatives or close family friends, called Parental Child Safety Placement (PCSP). If the child is removed from their home, the court appoints a CPS conservator (CVS) caseworker of the child (DFPS, 2020). Conservatorship caseworker works with the parents, extended family and any legal parties of the child or children (DFPS, 2020). Caregivers are still offered and asked to complete services designed to ensure the safety of the child or children involved. In

some cases, removing the children from the home and terminating parental rights occurs (DFPS, 2020).

Additionally, CPS caseworkers also advocate for the most vulnerable and are a vital support for the family members (Williams, 2018). CPS caseworkers go into a home to examine the safety and needs of a child to guarantee that every need is met (Benbenishty et al., 2015). Advocacy becomes an essential role by navigating child abuse and neglect cases ensuring the safety of children and families they serve (Williams, 2018). CPS caseworkers actively connect with community stakeholders on specific community challenges. At times there aren't enough resources, thus leaving CPS caseworkers to feel overwhelmed and stressed (Donisch et al., 2016). CPS caseworkers may be required to work an additional eight or more hours a day in the field, seeking to fix a problem at home or possibly relocating a kid for safety concerns (Dagan et al., 2016). As a result, the role of a CPS caseworker has the potential for occupational burnout.

Research Questions and Hypothesis

The research methodology for this study is a quantitative study using a survey research design. The relationships among emotional intelligence, coping skills, and burnout are not clear for CPS caseworkers. The hypothesis used for the study is that CPS caseworkers with higher levels of EI are more likely to choose effective coping skills and exhibit lower levels of burnout. Survey research is most appropriate because it is a way to quantitatively explore the relationships of EI and coping strategies to occupational burnout through the use of questionnaires or scales. The research questions for the study are as follows:

RQ1. How are demographic variables (caseload size, education level, and education type) related to EI, coping strategies, and occupational burnout among child protective caseworkers?

RQ2. Do the variables of EI and coping strategies predict occupational burnout among child protective service caseworkers?

Justification for the Study

By investigating the relationships of level of EI and coping strategies to occupational burnout, knowledge about whether EI and coping strategies can decrease occupational burnout can help agencies tailor continuing education that could target burnout reduction and employee retention. Therefore, this study may have multiple implications for social change. Social change may result through programs that decrease burnout among CPS caseworkers, improve employee retention and improve family care for families in need and children in crisis. The findings of this study will contribute to the body of knowledge regarding coping strategies and EI, particularly the extent to which EI moderates the selection of coping strategies during occupational stress to reduce occupational burnout in CPS caseworkers.

Limitations

As with most studies, the design of the current study is subject to limitations. CPS caseworkers might be reluctant to answer some questions due to confidentiality requirements imposed on them by their agency. Additionally, this study used online surveys. Limitations can include email addresses that have not been updated to include active CPS caseworkers and a lower than ideal response rate.

Definitions of Terms

The definitions of key terms and abbreviations used for the study are as follows:

occupational burnout: Burnout is a syndrome that encompasses both mental and physical stress, develops as a result of repeated unpleasant employment situations (Felton, 1998; Gorgens-Ekermans & Brand, 2012). The Copenhagen Burnout Inventory (CBI) is used to assess burnout, which encompasses personal burnout, work-related burnout, and client-related burnout.

caseload size: Caseload size will be defined by the average number of open and active CPS cases each week.

child protective service caseworkers (CPS and CW): Caseworkers employed by the state who provide services to protect and care for children who have been maltreated (U.S. Department of Health and Human Services, 2018).

coping strategies: Coping strategies is constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person (Lazarus & Folkman, 1987). It is further grouped into two summated scores, positive coping and negative coping.

educational level: Educational level is defined by type of education received by the following; high school diploma, associate's degree, some college, bachelor's degree, master's degree, and/or doctoral degree.

education type: Education type is defined by the type of degree obtained by the following; social work degree, psychology degree, counselor degree, marriage and family degree, and criminal justice degree.

emotional intelligence (EI): Emotional intelligence (EI) is a collection of skills that allows one to reason about emotions and govern how one thinks about emotions (Mayer et al., 2016; Salovey & Mayer, 1990). In this study, EI is measured using the WLEIS scale, which is based on the four-branch framework for EI.

Chapter 2: Literature Review and Conceptual Framework

This chapter reviews the literature relating to the theoretical framework of the transactional theory of stress and coping (TTSC) and the relationships among emotional intelligence (EI), occupational stress (OS), occupational burnout, and coping strategies. Various aspects of emotional intelligence will be defined, along with the source of the concepts, arguments surrounding them, and how they are measured. In addition, this chapter will explore emotional intelligence and how it affects the choice of coping, occupational stress, and occupational burnout among employees in human service work. This literature review then highlights how emotions impact the decisions and work of CPS case workers, impact occupational burnout among child welfare workers and work/life balance.

Transactional Theory of Stress and Coping

The purpose of this research is to look into the connection between demographic factors such as caseload size, education level, and education type, and emotional intelligence, coping strategies and occupational burnout among CPS caseworkers. The theoretical assumptions this study will use to explain why CPS caseworkers exposed to similar work stressors might cope differently with burnout based on varying personal resources and emotional intelligence are defined by the TTSC. This section describes the origins of TTSC, the two types of cognitive appraisal that people use to evaluate their environmental stressors, and the two types of coping strategies that people use to respond to those stressors and the tertiary or reappraisal phase. This research aims to find the variables that contribute to caseworkers' varying degrees of burnout in the face of comparable stressors by investigating two categories of cognitive appraisal and two types of coping strategies. Finally, a greater understanding of how people deal with job stressors can influence interventions and strategies targeted at reducing occupational burnout and promoting the well-being of CPS caseworkers.

TTSC is based on the theory of psychological stress and coping, which defines stress as a universal human phenomenon resulting in intense and distressing experiences that influence individual behavior (Lazarus, 1966; Lazarus et al., 1987). Lazarus and Folkman (1987) define psychological stress as "a specific interaction between the individual and the environment that the person perceives as straining or surpassing his or her resources and harming his or her well-being" (Lazarus & Folkman, 1984, p. 19). TTSC identifies stress as a transactional relationship between the environment and the individual. This relationship is experienced in two phases, cognitive appraisals (an evaluation) and coping. Cognitive appraisals are broken into two stages of appraisals as primary and secondary (Lazarus & Folkman, 1984). The following section describes the two types of coping. The last subsection describes the process of tertiary appraisal as one can recycle through the primary and secondary appraisal as the stressful situation changes.

Cognitive appraisal is a process of evaluating a situation as potentially stressful or challenging before choosing how to cope with the situation (Lazarus & Folkman, 1984). Lazarus and Folkman defined it as a "process of categorizing an encounter, and its various facets, with respect to its significance for well-being" (Lazarus & Folkman, 1984, p. 31). Cognitive appraisal goes through two cognitive mechanisms, primary and secondary appraisals. Primary evaluation entails determining the importance of a situation by addressing questions such as "Will this situation cause damage or advantage, and if so, how?" Secondary appraisal, on the other hand, entails assessing coping resources and deciding whether one can successfully handle the circumstance. Cognitive appraisal is subjective, depends on a person's evaluation of his or her own ability to cope with a stressor, and is influenced by the person's previous experiences (Lazarus & Folkman, 1984).

To begin, primary appraisal entails determining whether the current circumstance presents a danger or harm to the person, and if so, to what degree (Lazarus et al., 1987). The

evaluation of a stressor in primary appraisal begins with identifying it as either harm, threat, or a challenge (Folkman & Lazarus, 1988). The individual may perceive the event as irrelevant, positive to their well-being, or negative to their well-being. In this context, harm or loss refers to damage that has already occurred, such as the loss of a loved one. Threat refers to an anticipation of harm or losses, while challenges refer to situations that an individual can benefit from or improve (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) pointed out that threats and challenges are separate constructs but not necessarily mutually exclusive. For example, one can evaluate a situation as a threat and a challenge. If during the primary appraisal the individual evaluates the situation as stressful with the demands of the situation exceeding the ability to meet those demands, stress response will follow, one will then move to evaluating coping resources, called secondary appraisal.

Secondary appraisals determine whether an individual believes they have the resources to respond effectively to the challenges of a stressor or change (Lazarus & Folkman, 1987). Secondary evaluation is the assessment of an individual's ability to cope with a stressful situation and the accessible means to do so. This evaluation is subjective and highly affected by a person's beliefs, ideals, and previous experiences. This assessment is also influenced by the individual's self-esteem, perseverance, and perceived social support. Individuals assess their coping resources and how best to deal with the situation and change undesirable conditions. Coping resources include a variety of biological, psychological, and social mechanisms for managing the demand from the stressor (Lazarus & Folkman, 1984). Physical health and energy, positive beliefs (e.g., general beliefs about an internal locus of control, existential beliefs), problem-solving skills, social skills, social supports, and financial resources can facilitate an individual's coping efforts (Lazarus & Folkman, 1984).

The two types of coping strategies identified in the TTSC are problem-focused coping and emotion-focused coping. Coping responses are introduced after the cognitive appraisals.

The subsequent psychophysiological experience (stress outcomes) of this potentially stressful event depends on the effectiveness of one's cognitive appraisals and coping processes (Goh et al., 2010). *Problem-focused coping* is utilized when one manages or alters the problem with the environment causing distress. For example, this could be possible by tactics such as finding information, attempting to obtain assistance, delaying action, and taking direct action. *Emotion-focused coping* is employed when regulating the emotional response to the problem (Lazarus & Folkman, 1984). For example, coping strategies such as avoidance, isolation, finding emotional reinforcement, projection, emotional venting, and efforts to find humor in the crisis are examples of emotion focused coping mechanisms (Lazarus & Folkman, 1984). Coping follows from this appraisal of threat and can influence either a change in the person-environment relationship or the level of emotional distress experienced. Lazarus and Folkman also emphasized how primary appraisals and secondary appraisals interact with each other to create the stress responses and the emotional reaction (Lazarus & Folkman, 1984).

Usually, when individuals appraise a situation as a threat/harm or loss, they are more likely to engage in an emotion-focused coping strategy, whereas when they appraise a situation as a challenge, they are more likely to engage in a problem-focused coping strategy (Lazarus & Folkman, 1984). In other words, if that person feels they have a sense of control over the situation, a challenge appraisal will be more likely to occur and they will be more likely to engage in problem-focused coping. However, if the stakes are too high, a threat appraisal can occur and they may engage in emotion-focused coping. Further, personality traits, depressive symptomology, and social support are some factors that influence coping skills and abilities. As a result, an individual's assessment of a stressful circumstance influences their coping techniques. Appraising a situation as a task frequently leads to problem-focused coping, whereas appraising a situation as a threat/harm or loss frequently leads to emotion-focused coping. Furthermore, psychological characteristics, depressive

symptomology, and societal support can all have an impact on an individual's coping skills. Understanding these variables can help people create effective coping techniques for dealing with stresses. Tertiary evaluation, also known as reappraisal, includes re-evaluating the primary and secondary assessments in response to shifting information from the environment, one's responses to the environment, or cognitive coping attempts (Lazarus & Folkman, 1984).

Tertiary appraisal or reappraisal is based on changing information from the environment, one's own reactions to the environment, or a result of cognitive coping efforts (Lazarus & Folkman, 1984). The process of tertiary appraisal, or reappraisal, is ongoing and involves continually reappraising both the nature of the stressor and the resources available for responding to it. This model emphasizes that reciprocal processes between a person and the environment can be mediated by cognitive reappraisal (Lazarus & Folkman, 1984). Based on the feedback from an initial cognitive appraisal, a threat appraisal can be reappraised as irrelevant or it can be reappraised as a challenge. Tertiary evaluation entails re-evaluating the primary and secondary ratings as the stressful situation evolves or changes. Individuals can change their coping strategies and resources to meet the demands of the circumstance through this process. Understanding the cognitive appraisal process in general can help people handle stress and develop resilience. As one of its underlying propositions, the TTSC describes the relationship between an individual and the environment as continually subject to change (Lazarus, 1993a, 1993b, 1995; Lazarus & Folkman, 1987) and identifies that people have the capacity to think, evaluate, and then react based on these three types of cognitive appraisals: primary, secondary and tertiary or reappraisal.

TTSC will be used in this study as the theoretical framework for understanding occupational stress (Lazarus & Folkman, 1987). This paradigm depicts workplace stress as an individual occurrence in which an employee's feelings and behavior in reaction to work-related stressors are moderated by their views and evaluations of stressors, as well as their

coping strategies, according to Lazarus (1995). The cognitive appraisals and coping strategies mediate the relationship between stressor and the individual's occupational stress outcomes (Goh et al., 2010). Overall, TTSC describes the experience of stress as ultimately a system of appraisal, response, and adaptation.

Emotional Intelligence

EI's foundation is deeply rooted in social intelligence, as defined by Edward Lee Thorndike (Davies et al., 1998; Killian, 2012; Law et al., 2004; Seal & Andrews-Brown, 2010). Thorndike defined *social intelligence* as "the ability to understand and manage men and women, boy and girls to act wisely in human relations" (Landy, 2004; Thorndike et al., 1937, p. 228). In 1990, a shift in social intelligences was made by psychologists Salovey and Meyer. Salovey and Meyer first formally defined the term EI involving the ability to monitor one's own and others feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions" (Mayer et al., 2016; Salovey & Mayer, 1990).

EI is a collective set of skills to reason about emotions and guide how one thinks about emotions. EI also assesses how people who are more emotionally intelligent have outcomes that differ from those who are less emotionally intelligent (Mayer et al., 2016). Furthermore, EI aims to capture how one processes emotions on how one identifies, expresses, understands, regulates and uses their emotions and the emotions of others. There have been different debates and research on how to capture the essence of how to measure EI, which can be described as trait, ability, and mixed-methods models. The trait-based model measures EI in terms of personality traits. The ability-based model, also known as the four-branch model, measures EI as the perception that an individual has to interpret emotions and analyzes the adaptive reactions that an individual has to emotions, this will be used in the

current study. The mixed-method model measures EI based on emotional competence and actual behaviors (Seal et al., 2010).

Moreover, Maslach Burnout Inventory (MBI) was created by Christina Maslach and Susan E. Jackson as an instrument for assessing burnout among workers (Edelwich & Brodsky, 1980). Work burnout is a psychosomatic condition with three dimensions: emotional fatigue, depersonalization, and decreased personal achievement (Maslach et al., 2001). In summary, burnout syndrome happens in people who interact with people and encounter these three dimensions. Burnout is a gradual response to emotional exhaustion and prolonged exposure to stressors, additionally, an increase of dehumanization and professional dissatisfaction (Leiter, 1991; Maslach, 2003). In terms of emotional intelligence, an individual can more easily adapt to challenges faced personal and professionally. In addition, emotion management may be helpful in reducing the rate of burnout. Additionally, Oginska-Bulik (2005) argued that coping with emotions assists with handling occupational stress.

The trait-based model, originally introduced by Petrides and Furnham (2006), analyzes EI in terms of personality. Trait-based EI is closely linked to personality and with a set of traits best assessed via personality tests (Szczygiel & Mikolajczak, 2018). Traits refer to emotion-related dispositions and capture people's dispositions to behave in a certain way in emotional situations. For example, "when I am angry, do I typically express my anger constructively?" (Szczygiel & Mikolajczak, 2018). Certain aspects of personality are innate, leading some to be concerned about potential flaws, vagueness, and having too many components related to personality under the umbrella of EI (Brannick et al., 2009; Killian, 2012). However, there is evidence that trait EI could moderate the relationship between stress and burnout. As confirmed by Martins et al.'s (2010) comprehensive meta-analysis, trait EI is a strong positive predictor of well-being and mental health (Petrides et al., 2006). Higher trait EI predicts lower stress, anxiety, and depression in young adults experiencing everyday life

pressures (Martins et al., 2010), in older adults facing stressful circumstances and in athletes in competitive sports (Laborde et al., 2011). While most studies have reported that high trait EI is negatively linked to mood deterioration and psychological symptomatology in stressful circumstances, (Arora et al., 2011) reported that medical trainees with high trait EI experienced more stress when undergoing an unfamiliar surgical procedure, reiterating that the effects of the construct are often moderated by the situational context. Overall, trait EI is linked to lower cortisol secretion in stressful situations (Laborde et al., 2014; Mikolajczak et al., 2007)

The WLEIS is an ability based model that comprises of four branches. The first branch of ability-based EI, perceiving emotions, is the ability to identify emotions in faces, voices, pictures, music, and other stimuli. Reading faces is one of the attributes humans share across cultures, but perception does vary across individuals. Consequently, life experiences can shape emotional recognitions in facial expressions. For example, physical maltreatment of children between the ages of eight and ten, according to a study conducted by Seth Pollak in 2000 (cited in Grewal & Salovey, 2005), can conflict with their ability to adaptively detect facial emotions. Abused children were more likely to categorize angry in faces although the diagrams showed only a slight amount of anger. In addition, using electrodes attached to their scalp, children showed more brain activity when viewing an angry face.

The second branch of ability-based EI, using emotions, is the ability to harness emotional information to facilitate cognitive activities, as certain moods are better suited for certain kinds of tasks. Isen (1983) demonstrated that being in a good mood helps people generate more creative solutions to problems. Isen studied the mood of undergraduates by inducing a positive mood (showing a comedy clip) or a neutral mood (by showing them a short segment from a math film). Following, each student was given a book of matches, a box of tacks and a candle. On a corkboard, they were asked to affix the candle to the corkboard so

that it would burn without dripping wax onto the table. The students who watch the comedy clip were more likely to come up with a solution, thus demonstrating that a person can utilize pleasant feelings more effectively (Grewal & Salovey, 2005; Isen et al., 1985). Finally, the third branch of ability-based EI, understanding emotions, is the ability to comprehend information about relations between emotions, transitions from one emotion to another, and to label emotions using emotion words (Mayer and Salovey, 2000).

The fourth branch of ability-based EI, managing emotions, is the ability to regulate emotions in ourselves and in others. A person with EI can harness emotions, even negative ones, and manage them to achieve intended goals (Mayer and Salovey, 2000). At times one can lose control of their emotions or use their emotions to manage that of others. For example, an emotionally intelligent CPS supervisor might be angry after feuding with a parent and use it to deliver a powerful speech to their employees in order to arouse anger in them. An emotionally intelligent person can harness negative emotions in others too.

Mayer and Salovey (1997) use an ability-based measurement of EI, which is often considered the foundation for the modern development of EI (Codier et al., 2010; Maul, 2012; Mayer & Cobb, 2000; Seal & Andrews-Brown, 2010). The ability-based measurement analyzes the adaptive reactions that an individual has to emotions and utilize the four-branch model of EI. Ability based refers to the ability to apply this knowledge in a real-world situation. For example, “Am I able to express anger constructively in a given social situation?” Subsequently, Salovey and Mayer classified emotional intelligence into four different skills that advance in intricacy from basic to more difficult tasks: recognizing emotions, using emotions to improve cognitive processes, comprehending emotions, and regulating emotions in oneself and others (Mayer & Salovey, 1997; Mayer et al., 2016).

The third measurement of EI is mixed-method based on both emotional competence and actual behaviors (Seal & Andrews-Brown, 2010). Goleman (1995) and Bar-On (2003)

established that EI is a mixture between trait and ability and is one of most popular models of EI (Dulewicz & Higgs, 2000; Mayer & Cobb, 2000; Schutte et al., 1998; Seal & Andrews-Brown, 2010). Emotions are multi-faceted and many components, both physical and mental, combine to form emotions (Mayer et al., 2001). The Bar-on mixed based EI has also been noted to have validity issues (Schutte et al., 1998).

Emotions are ever changing, and how an individual reacts to a given situation can provide predictions for subsequent behaviors or how one chooses to cope with stressors. Emotional intelligence encompasses several interconnected emotional and social dimensions, as well as personal traits, abilities, and competencies that enable individuals to more effectively establish strong relationships with others and adjust to their environment, thereby improving their ability to manage environmental pressures successfully (Bar-On, 2006; Cherniss, 2010; MHS, 2011). For example, EI allows an individual to examine negative emotions and analyze the reactions to emotions that can impact the overall disposition that an individual has. Emotions are viewed as promoting intelligence, directing attention and ordering cognition that contributes to thought rather than disorganizing thought (Mayer & Salovey, 1997). Individuals with emotional intelligence have greater capacities than others to carry out sophisticated information processing about emotions and emotion-relevant stimuli and to use this information as a guide to thinking and behavior (Mayer et al., 2008). Overall, EI describes the idea that emotions make thinking more intelligent and that one thinks intelligently about emotions (Mayer & Salovey, 1997).

Mayer (2003) further define emotional intelligence as an individual's capability to monitor their own and others' emotions, separate between the positive and negative effects of emotions, and use emotional information to guide their thoughts and actions (Akerjordet & Severinsson, 2007). The theoretical development of emotional intelligence relates to both research on intelligence and on emotions (Mayer & Salovey, 1997). Since birth, emotions

serve as an alerting system, operating from the start to signal important changes in the person and in the environment. Through development and maturity, emotions improve thinking by directing a person's attention to make important changes before concerning emotions overtake enjoyment (Mayer & Salovey, 1997).

In addition, emotions facilitating thinking is understanding how 'on demand' generation of emotions permits real time inspection of the feeling. Examples of this include anticipating feelings on whether to take a job or take the CPS case. Child welfare workers are often leading to a depletion of emotional resources as a result of high emotional demands (McFadden et al., 2015). Emotional intelligence in the workplace is helpful in reducing burnout, especially in the child welfare workers, that report frequent burnout (Gohm & Clore, 2002).

Emotional intelligence assessment is difficult due to the various ways feelings appear and interact, as well as the various methods to understanding emotions (Clarke, 2010; Mayer et al., 2008; Mayer & Salovey, 1997). There are multiple ways to interpret emotions and situations depending on past experiences, positive versus negative reactions. Determining if participants are genuine is another challenge for researchers examining EI (Mayer et al., 2001). EI scales determine how the majority of the population would react to scenarios, compared to the "right/wrong" answers found when measuring traditional intelligence. Additionally, traditional EI tests are lengthy, and there is a need for a brief EI measurement tool that is valid (Schutte et al., 1998). Even though different models exist, all EI models complement one another and common themes emerge (Ciarrochi et al., 2002; Law et al., 2004).

Relating EI to the TTSC

A central tenet of the TTSC is that the content of individual's stress-related appraisals (appraisals of threat, challenge or self-efficacy) in turn predicts coping responses (Lazarus &

Folkman, 1985). Thus, TTSC emphasizes that stress and coping are not solely determined by the objective nature of the stressor, but also by the subjective experience and appraisal of the stressor by the individual. Emotional intelligence can be instrumental in helping individuals comprehend their responses to various stressors. This, in turn, can enable them to adaptively navigate the coping process (Alumran & Punamäki, 2008; Baker & Berenbaum, 2007; Greenberg, 2006). Understanding the relationship EI has with stress is to understand some of the developments which support it and how stress can influence the ways people try and cope. Based on the TTSC model, stress is a state caused by an interaction of the situation and an individual's response. An appraisal evaluates whether it will bring about the possibility of gain or harm. One will choose a coping strategy to manage stressful situations. When one employs problem-focused coping, one is striving for changing the problematic situation (Lazarus et al., 1987).

According to the theory of transactional stress and coping (TTSC), an individual's assessment of a stressor is a key indicator of their coping reaction. Additionally, the TTSC acknowledges the importance of external resources, such as social support, in the coping process. Furthermore, research suggests that EI may aid employees in gaining resources such as support from coworkers, supervisors and subordinates because of their greater social effectiveness (Miao et al., 2017). Specifically, the individual's appraisal of the stressor as either a threat or a challenge can influence their choice of coping strategy, with those perceiving the stressor as a challenge being more likely to engage in problem-focused coping strategies.

Other research has observed high caseloads for CPS caseworkers can contribute to high levels of stress and their inability to cope effectively with the demand despite choosing effective coping strategies (Barck-Holst, et al., 2021). There is a substantial body of research that explains the potential detrimental effects on the psychological well-being of employees

in “helping” occupations such as health care, mental health treatment, and social work (Rienks, 2020). Personal and organizational features that can lead to symptoms or signs of burnout, vicarious distress, compassion fatigue and/or secondary traumatic stress have been studied (Boyas & Wind, 2010; McFadden et al., 2015; Sprang et al., 2011). However, at times it is difficult to control external factors such as caseworkers to case ratios, although, it may help to improve the way caseworkers address the way in which they cope. TTSC has regarded coping as a process concerning the assessment of stressors and their short-term and long-term effects (Lazarus, 1999). People with high EI have a tendency to consider stressors less threatening to employ more active and fewer passive coping strategies. Those with high EI leads to use of active, positive, problem-oriented and effective coping strategies.

Emotional intelligence in the workplace is effective in that it can motivate behavior, convey information, meaning and motivate action (Cote, 2006; Joseph & Newman, 2010; Linedebaum, 2009). Further, EI has been used in the workplace to measure ability to participate in certain job positions and roles, determines how one makes good decisions, aids in determining job level, leadership ability and how managers conduct themselves in ways supportive of the organization’s goals (Cote, 2006; Joseph & Newman, 2010; Linedebaum, 2010). Overall, emotional and social competencies are particularly important in occupations where emotional and social skills are necessary for successful job performance. According to the EI theory, making good decisions in emotionally demanding contexts requires good emotion, self-knowledge as well as the ability to understand complex emotional situations and be empathetic to others (Biggart et al., 2010). Investigating the relationship between EI, job satisfaction, and burnout for CPS caseworkers has multiple implications for social change. Social change may result through improved family care, revamped educational opportunities or requirements, and more CPS caseworkers who ascend to a professional level

of advanced care. The following sections will elaborate on how EI affects workplace stress, coping skills and occupation burnout.

Managing stress as a CPS caseworker can be challenging and overwhelming at times. CPS caseworkers are often listening to and witnessing trauma, neglect from vulnerable children and families. Work demands also include high caseloads, changes in organizational structures, lack of support from peers and supervisors and restricted resources (Health & Safety Executive, 2007). In addition, child welfare workers often need to build rapport and establish relationships with families who are unwilling to engage (Ellett et al., 2007). Being familiar with some of the more common emotional, behavioral and physical indicators of the effects of stress will assist CPS caseworkers in developing better self-care and reducing the effects of occupational burnout.

A growing body of research points to the potential protective effect of emotional intelligence not only on growth well-being and organizational outcomes (Mayer et al., 2008) but also on the experience of stress and burnout (Schneider et al., 2013). Supporting the development and increase use of EI could be a way of providing child welfare workers with coping skills to meet these emotional demands. Emotions and coping abilities form an important part of the overall reaction to stress and burnout (Humpel et al., 2001).

Stress is often a result of strain on one's emotions, thought processes, and/or physical conditions, making it difficult to cope with the environment (Ahmed & Ramzan, 2013). However, with right amount of voltage, stress can lead to feelings of being challenged; job satisfaction, creativity, effectiveness, and better adjust to work and life. However, if the voltage of stress gets too hot, as compared to a light bulb, one can be led to occupational burnout. Stress is a major factor related to employee burnout, and lack of emotional control can lead to increased levels of stress which has a negative impact on health (Krasner et al.,

2009; Tsaousis & Nikolaou, 2005). Furthermore, stress can pose a challenge to the physical or mental health of an individual resulting in reactions of fear, anxiety and anger.

How CPS caseworkers respond to stressors may be positive or negative depending upon the type of demands placed on them, the amount of control they have over the situation, the amount of support they receive and the individual response of the person (Dill & McFadden, 2015). CPS caseworkers often describe their workplace stress as high caseloads, duty overload, conflicting demands, lower perceived personal accomplishment, lack of clarity of worker roles and work-family conflict. CPS caseworkers frequently have heavy caseloads, which can add to stress, burnout, and the use of negative coping strategies. Moreover, decreasing the workload of CPS caseworkers can effectively prevent exhaustion and reduce the use of negative coping methods. As reported by this study, there is a relationship between workload size, working conditions, and fatigue among CPS caseworkers. High caseloads were found to be associated with greater burnout and bad working conditions. According to the authors, decreased workload numbers may be an effective strategy for avoiding stress and enhancing working conditions for child welfare caseworkers (Dill & McFadden, 2015).

Additionally, CPS caseworkers identified stressors on their personal safety, time pressure, job complexity, lack of adequate resources, unclear expectations, conflict and unpleasant interactions with those being served, and traumatic stressors (Sonnetag et al., 2014). Stress can decrease the level of empathy that employees display towards clients (Doherty et al., 2013; Krasner et al., 2009; Satterfield & Hughes, 2007; Shanafelt et al., 2005). This can serve as a serious problem, as CPS caseworkers deal with many emotions and are required to use emotions in which can interfere with their ability to perform effectively. With CPS caseworkers already balancing high turnovers that resulted in high caseloads, one can overlook issues that can lead to child death and tragedy within the system.

High levels of stress in the workplace have been connected to major cause of physical health problems, including changes in the immune and nervous system (Stults-Kolehmainen et al., 2014). In addition, mental health concerns such as trauma exposures and secondary trauma, interpersonal and family conflicts (Dagan et al., 2016; Regehr et al., 2004). According to the TTSC, an individual's stress reaction is determined not only by the individual's stress response, but also by their subjective appraisal of the circumstance. In the instance of large caseloads for CPS caseworkers, the individual's perception of the workload and ability to handle it may impact the stress response and ability to manage it. CPS caseworkers with high emotional intelligence may be advantageous in handling high caseloads and the possibility of being exposed to traumatic events that can contribute to secondary trauma. Furthermore, low emotional intelligence can cause poor productivity and human error, resulting in sickness absence, high staff turnover and poor performance and a possible increase in accidents due to human error. Most critically for this study, workplace stress occurs when individuals experience responsibilities or demands that exceed personal and social resources (American Institute of Stress, 2017). Research has also explored how stress and coping styles affect health and work performance for professional nurse. However, little research has been conducted on the possible connection with work-related stress, unhealthy coping skills and EI within the population of child welfare professionals (Jordan et al., 2016).

Improved EI in CPS caseworkers has been shown to be a desirable trait because of its relationship to improve job satisfaction and social support (Demirel & Sarlak, 2009; Gutierrez et al., 2012). In addition, increased levels of EI may provide protective measures for CPS caseworkers in coping with challenging and stressful environments associated with increased burnout rates and (Birks & Watt, 2007; Gorgens-Ekermans & Brand, 2012) promote greater social support from others (Gallager & Vella-Brodrick, 2008). Social support

or workplace social support helps in coping with stress more effectively. In a 2015 study of teacher burnout, trait EI had a direct and positive association with teacher perceptions of workplace social support, thus, mediating the relationship between trait EI and teacher burnout (Ju et al., 2015). For CPS caseworkers who may lack the fundamental skills needed to cope with stress in complex work environments varying levels of emotional and social competencies can influence and moderate the selection of coping strategies under challenging or stressful situations (Ciarocchi et al., 2002; Matthews et al., 2000).

EI can effectively help on confronting and coping with problems effectively, making accurate work-related decisions, good problem-solving skills, proficient at stress management, decision making and faster mood recovery after disturbing and stressful experience (Aldea & Rice, 2006; Bar-On, 2001; Bar-On & Parker, 2000; Mayer et al., 2000). While another finding by Schutte et al. (2002) conducted a meta-analysis associated EI with better mental and physical well-being (Schutte, 2007).

CPS caseworkers often report stress levels contribute to how they balance work and personal life, listening to disturbing experiences and conflict with the families they serve, are all factors leading to high turnover rates and ineffectively coping with occupational stress. Individuals with high EI are better at perceiving stress related to job insecurity (Jordan et al., 2016); radical organizational change (Huy, 1999) and overall, better at coping with stress (Salovey et al., 1999). A social anxiety and physiological stress study conducted in 2002 measured by the Trait Meta-Mood Scale (TMMS), results showed that individuals with high EI showed lower levels of perceived social anxiety and symptom reporting. Numerous studies have found a strong link between trait EI and workplace well-being (Di Fabio, 2017; Di Fabio & Kenny, 2016). Individuals with a high EI are more likely to view themselves as effective, to feel more positive than negative feelings, to form more positive relationships with others, and to perceive daily tasks in a way that facilitates well-being, commitment, and

work satisfaction (Avsec et al., 2009; Brakett et al., 2012, 2011; Maslach et al., 2001; Furnham & Petrides, 2003; Zeidner et al., 2004, 2012; Brakett et al., 2006, Guerrero-Barona et al., 2020). Overall, research has shown that people with greater levels of emotional intelligence have more effective coping skills.

As factors that contribute to high stress levels that include, high caseloads, complex cases, leadership issues, lack of support and low wages, organizational change may also be impacted. Organizations can foster EI development in order to promote family care and improve retention rates (Schutte, 2007). Additionally, CPS caseworkers reported high stress is associated with the balance of work and life and organizational commitment. EI and its proponents have important associations with health, happiness, and well-being at work and home. As an illustration, Schutte and colleagues (2002) conducted a meta-analysis of 7,898 participants and reported that emotional intelligence was linked to enhanced health outcomes, encompassing both mental and physical well-being (Schutte, 2007). Consequently, another finding confirmed in 2010 indicating that low EI has been associated with violent behavior, use of street drugs, and delinquency (Faguy, 2012). Adeoye and Torubelli (2011) also suggested that an employee's psychological attachment to the organization, known as organizational commitment, can predict their ability to manage interpersonal relationships, and that emotionally intelligent individuals are likely to be committed to realizing the organization's objectives. Overall, these possible changes have the potential to affect CPS caseworkers and may have a significant effect on the Texas Department of Family and Protective Services' future. Given the difficult, complex, and undoubtedly stressful nature of child protective work, any changes to the system may have far-reaching repercussions for the well-being of the workers involved. The possibility of increasing EI and the ability to take control of emotions, one can reduce stressful behaviors, be better at handling conflict, and

handle ethical concerns (Fernandez, 2007; Gorgens-Ekermans & Brand, 2012; Tsaousis & Nikolaou, 2005).

In summary, an increase of emotional intelligence can significantly impact the relationship to better mental health, more work engagement, more satisfaction with social support in the workplace, and more perceived power in the workplace. Emotional intelligence in the workforce is important because it helps to handle stress by learning how it relates to four parts, self-awareness, self-management, empathy, and social skills (Fernandez, 2007; Gorgens-Ekermans & Brand, 2012; Tsaousis & Nikolaou, 2005). Through the use of self-awareness, one is able to identify when stressed, with empathy and social skills one is able to be more effective in how to express oneself more effectively. The occurrence of positive emotions in the workplace has a positive influence on both job productivity and job attitudes (Schwartz, 2011). It was assumed the workplace to be a logical setting where emotions could impede rational decision-making, resulting in emotions being excluded as factors for interpreting employee behavior at work. (Grandey, 2000). However, working as a CPS caseworker, having both reason and emotions should play both at work. Emotions at work influence judgment, job satisfaction, helping behaviors, creative problem solving and decision making (Fernandez, 2007; Gorgens-Ekermans & Brand, 2012; Tsaousis & Nikolaou, 2005).

Overall, supporting the development and increase use of EI in the workplace could be a way of providing CPS caseworkers with coping strategies to meet the emotional demands to the job. Emotions form an important part of the overall reaction to stress and burnout (Humpel et al., 2001). Moreover, increasing EI in CPS caseworkers increases the chances of accurately perceiving emotions in self and others in a reflective rather than impulsive way (Biggart et al., 2010). Reasoning that takes emotion into account, allows for mood-congruent judgment to make good decisions which acknowledges the emotional context rather than

ignoring it. EI further helps with the selection of coping strategies, therefore, decrease the risk of occupational burnout (Ciarocchi et al., 2002; Matthews et al., 2000). In a qualitative study among child protective service workers, findings suggested differences in the quantity of unhealthy habits and length of employment at the agency, intention to stay and self-perception of health (Austin et al., 2018). This study suggested policy makers to consider workers stress and self-care to improve retention and protective service outcomes. Among the most cited as stressful, was unhealthy eating, substance use, disturbed sleep, lack of exercise, irritability, self-neglect and other troubling behaviors (Austin et al., 2018). In conclusion, encouraging the development and implementation of emotional intelligence in the workplace may be an effective strategy for providing CPS caseworkers with coping strategies to deal with the emotional difficulties that come with the job. Caseworkers may become better equipped to handle the complex and sensitive cases they face on a daily basis with an increase of their emotional self-awareness, regulation, and empathy, resulting in improved job satisfaction, well-being, and, ultimately, better outcomes for the children and families they serve. The following section will illustrate the relationship between EI and the selection of coping strategies, EI and occupational burnout, EI and work/life balance.

Emotional Intelligence and Coping

Emotions are important in our everyday lives because they influence our decision-making, behavior, and general well-being. Emotional intelligence is the capacity to recognize, comprehend, and control one's own emotions as well as the emotions of others (Mayer et al., 2016). Coping strategies, on the other hand, are techniques and practices used to deal with life's stresses and difficulties. EI and coping techniques are both important in managing emotional reactions to difficult circumstances, especially in the workplace. In recent years, there has been a surge of interest in investigating the connection between EI and coping techniques, as well as how they relate to effects such as occupational burnout. Understanding

the relationships between these constructs can provide useful insights into how the workplace can support staff well-being and retention. The following section defines coping and the relationship between EI and selection of coping strategies.

According to Folkman and Lazarus (1991), coping is a complex, structured process that involves cognitive appraisal, action impulses, patterned somatic reactions, and physiological aspects of a specific emotion. In essence, the degree of stress encountered is determined by the individual's level of influence over the stressful circumstance at work. An effort in dealing with stress is defined as coping. Coping is useful of the situational causes and the individual's characteristics, perception of the situation, and coping intentions (Lazarus & Folkman, 1984).

Following an appraisal of the situation, the individual assesses the likely impact of the stress-whether the consequences are likely to lead to loss, harm, threat or challenge-and what resources are available to deal with it. Following the response, the outcome is reviewed or reappraised, and another response may follow. Coping intentions and beliefs about the self are important elements in the coping process. In turn, effective coping is likely to enhance beliefs about the self and one's own capacity to cope with difficult situations.

Theorists claim that EI can predict individual coping strategies, as well as various aspects of human performance in the workplace, and their impact on health, self-actualization, and well-being (Bar-On, 2006). Scholars concur that emotional intelligence competencies, which are essential for managing daily life pressures, can be taught and acquired. Coping is comprehended as process-oriented rather than trait-oriented, as it varies based on the situation. Based on the coping model used for this study, it proposes that the ability to cope is not determined solely by personal characteristics/traits but also by individual appraisals – cognitive appraisals are involved in the brain processes that correlate to the demands of a difficult circumstance (Folkman et al., 1991; Lazarus & Folkman, 1984).

Lazarus and Folkman (1986) classified stress-management techniques into two functional groups: problem-focused coping (PFC) and emotion-focused coping (EFC). PFC refers to coping strategies that seek to eliminate, control, or adjust the stressor in order to change the real terms of the problematic person-environment interaction. These strategies include defining the problem, searching for alternative solutions to the problem, and choosing among those solutions. Problem-Focused Coping endeavors are viewed as effective coping strategies since they culminate in the long-term resolution of the problem, without generating additional conflicts and preserving a positive emotional state (Zeidner & Saklofske, 1996).

Baker and Berenbaum (2007) have reported that individuals who are uncertain about their emotions and rely on problem-focused coping strategies are likely to suffer from negative distress outcomes. In the context of child welfare casework, Kinniburgh et al. (2005) studied the coping strategies employed by CPS caseworkers to manage the significant levels of stress and mental exhaustion experienced on the job. The results showed that child welfare caseworkers may utilize coping techniques such as self-blame and behavioral detachment. Self-blame refers to caseworkers' propensity to assume personal accountability for negative results, blaming themselves for things over which they have no control. The propensity to withdraw from work-related duties and obligations is referred to as behavioral disengagement. It appears engaging too quickly in a particular problem-focused coping strategy because one has not utilized information from their emotional cues and reactions can have negative effects (Kinniburgh et al., 2005).

Increased emotional intelligence affords individuals more resources in allowing them to utilize the most adaptive problem-solving coping strategy for that particular situation (Bar-On, 1997; Saklofske et al., 2007; Salovey et al., 2002). The elements of EI are also part of resilience and healthy coping mechanisms (Armstrong et al., 2011; Ciarrochi et al., 2002; Morrison, 2008; Schneider et al., 2013), which are particularly important for those working in

child welfare if symptoms of compassion fatigue and burnout are to be combated (Kinman & Grant, 2011).

The level of EI as a personality factor has influences on the ability to deal with emotional distress (Taylor, 2000). Personality traits have been repeatedly related to assessment and coping biases, emphasizing the importance of individual variations in stress and coping processes (Connor-Smith et al., 2007). For example, certain personality traits, such as neuroticism, extraversion, and conscientiousness, have repeatedly been linked to various coping techniques. Furthermore, individuals with high neuroticism, for example, tend to use more emotion-focused coping techniques, such as rumination and denial, when confronted with stresses. Individuals with high conscientiousness, on the other hand, tend to use more problem-focused coping techniques, such as planning and acting to address the cause of the stressors (Connor-Smith et al., 2007).

Moreover, effective coping necessitates not only the use of specific methods, but also the ability to receive societal support (Sanchez-Nunez, 2008, Brackett et al., 2006). This skill may be affected by psychological traits, which can affect how well people accept and use social support. Emotional intelligence has also been linked to survival strategies. Individuals with greater degrees of emotional intelligence are better able to control their feelings and cope with stressors. This, in turn, may make it easier to use social support as a coping strategy, because high emotional intelligence may improve social skills (Augusto-Landa et al., 2011; Brackett et al., 2000).

Lazarus and Folkman (1984) outlined why some people get stressed and others do not in response to the same event. Individuals have an initial set of thoughts (appraisal) about any event, identifying the situation as threatening or non-threatening to them. Individuals do not experience stress if they appraise a situation as non-threatening. If the situation is identified as stressful, a second set of thoughts consider whether they have the resources to cope with

the situation or not. If they feel able to cope, then the individual will feel positive stress, (prepared to take some action towards handling the situation). If they feel unable to cope, then the individual will feel negative stress (feeling a sense of helplessness in relation to handling the situation. (Lazarus & Folkman 1984). Furthermore, Lazarus and Folkman (1984) stress appraisal model, individuals high in EI are less likely to appraise a situation as stressful. Further research shows a stress reduction in physiological responses to stress with an increase of Trait Emotional Intelligence (Martins et al., 2010; Mikolajczak & Luminet, 2008)

In a correlation study of nursing students, results indicated EI was positively related to well-being, problem-focused coping, and perceived nursing competency (Mhalkar et al., 2014). EI was negatively related to perceived stress. This study finding suggest that increased feelings of control and emotional competence assist nursing students to adopt active and effective coping strategies when dealing with stress, which enhances their subjective well-being (Mhalkar et al., 2014). Additional studies among certain vocations and coping strategies can influence rather an employee has risk of burnout (Shin et al., 2014). In a meta-analytic study, with 36 studies and 9,729 participants, examined the relationships between coping strategies and the three dimensions of burnout. Results implicated problem-focused coping correlated negatively with three dimensions of burnout, personal accomplishment and emotional focused-coping correlated positively with three dimensions, emotional exhaustion and depersonalization (Shin et al., 2014).

Lazarus and Folkman (1987) identified stress can trigger strong negative emotions that can motivate a variety of coping behaviors. An individual will choose a problem-based coping, attempts to change negative emotions or stressors, or an emotional based coping, attempts to reduce negative emotional state/appraisal of demands. CPS caseworkers are faced with a lot of job stress due to the nature of their job. When not handled effectively, this could

lead to unhealthy coping skills, which make their performances at work to be compromised. Health workers who have low emotional intelligence often show rigidity or brittleness when faced with different opinion, they are defensive to criticism and act contrary to the decisions of colleagues and relations (Salovey & Mayer, 1990). Mayer & Salovey (1997) submitted in their study among health workers that higher level of emotional intelligence result in better psychological well-being. However, few studies empirically investigated how emotional intelligence moderates the influence of coping skills to reduce or prevent occupational burnout among CPS caseworkers. Research on emotional intelligence has shown that people's abilities to understand and manage their emotions during stressful events are relevant to maintaining a relatively stable trajectory of healthy functioning after stressful and traumatic events (Salovey et al., 1999). Further, job burnout is assumed to develop due to high demands and low resources leading to depletion in the employee's resources and energy (Demerouti et al., 2001).

To summarize, Lazarus and Folkman (1987) conceptualized occupational stress in the Transactional Model of Stress as the interplay between an individual and their environment. The theorists posited that cognitive thought processes, referred to as primary and secondary appraisals, determine how individuals react to stress, and as result select the appropriate coping skill to reduce the effects of stressful situations. Moreover, the ability to manage stress is dependent upon an individual's appraisal of stressful events, environmental constraints and available supporting resources. Ultimately, the ability to manage stress does affect adaptation outcomes that can impact social functioning, physical and mental health of the CPS caseworkers.

Emotional Intelligence and Occupational Burnout

Burnout syndrome or professional exhaustion occurs when a prolonged period of time of unbalanced demands from work do not meet an individual's personal capacities (Kalimo et

al., 2003). The psychological effects of burnout have been thoroughly researched in the “helping” professions, specifically with employees that have direct contact with people, especially those in crisis (Leiter, 1994; Leiter & Maslach, 1988; Maslach et al., 1981). While burnout is a significant concern for those in helping professions, there are several factors that can help prevent or mitigate its effects on CPS caseworkers. Research has pointed to a strong association between an inability to manage the demanding nature of child welfare work, particularly heavy workload and caseload size, and an increased risk of burnout among CPS caseworkers (Nissly et al., 2005; Travis et al., 2016). Consequently, high levels of turnover in state child welfare organizations are attributed to both work stress and burnout, with an increased prevalence of occupational burnout believed to result from the heavy job burden of child welfare jobs (Nissly et al., 2005; Travis et al., 2016). The collective impact of job stress and burnout is believed to contribute to pervasive turnover rates in public child welfare agencies (Chernesky & Israel, 2009). To illustrate, this can be observed through the examination of factors such as heavy workload and caseload size among CPS caseworkers.

The process model of burnout (Leiter & Maslach, 1988) has linked burnout symptoms such as emotional exhaustion, depersonalization, and decreased personal accomplishment to physical health declines in individuals who experience these symptoms over time (Kim et al., 2011). In investigating the relationship between burnout and physical health, Kim et al. (2011) conducted a study that focused on CPS caseworkers. Kim and colleagues (2011) found that individuals with higher levels of burnout at the outset reported more physical health issues, and revealed that increased burnout levels were associated with a more rapid decline in physical health over a one-year period. A further study explored the impact of job factors on the physical health of child welfare workers (Griffiths et al., 2019). By using the Child Welfare Employee Feedback Scale (CWEFS), the study found that workload and job impact significantly predicted poorer self-reported health status among child welfare workers.

Respondents working in urban areas and outside of their home county were also more likely to report a poorer health status (Griffiths et al., 2019). These findings tie to the statement that individuals with higher levels of burnout at the outset reported more physical health issues, and increased burnout levels were associated with a more rapid decline in physical health over a one-year period. The results suggest that job factors and burnout have a significant impact on the physical health of child welfare workers and highlight the need for further research and attention from agency administrators. Unmanaged work stress can lead to occupational burnout among CPS caseworkers, which can have negative consequences for their overall well-being. Overall, Kim et al. (2011) discovered that treating burnout symptoms such as emotional exhaustion, depersonalization, and reduced personal achievement can improve the bodily health of people who experience these symptoms over time. Organizations must prioritize their employees' well-being and take measures to handle work stress and avoid burnout in order to support their employees' general health and productivity.

Blome and Steib (2014) examined dynamics associated with over 300 public CPS caseworkers. Study reported that work-related strain increased job burnout and had an adverse impact on participants' perceived wellbeing (Lizano et al., 2014). Lizano and Barak (2015) aptly summarized, these challenging workplace experiences can “pose a hazard” to children and families (p. 18). Salloum et al. (2015) concluded that workers who engaged in opposite self-care practices experienced higher levels of compassion satisfaction and lower levels of burnout. Furthermore, studies with other social service workforce populations have concluded that fostering healthy self-care practices can be helpful in allaying professional burnout (Cohen & Gaglin, 2005), increasing efficacy of professional practice (Sanso et al., 2015), and increasing perceptions of professionalism (Asuero et al., 2014), among other positive effects. In a study looking at EI as a moderator in the stress-burnout relations of

nurses, results indicated a higher EI is significantly related with lower stress and burnout (Görgens-Ekermans & Brand, 2012). Progressively, child welfare agencies recognize the importance of self-care in moderating problematic employee outcomes (Grise-Owens & Eaves, 2016; Salloum et al., 2015). However, there is a lack in the literature related to self-care in general (Dorociak et al., 2017; Miller et al., 2017) and in child welfare services, specifically (Griffiths et al., 2017).

When caseworker attrition is high, it can cause a variety of problems for the employees, the organizations for which they work, and the children and families they serve (Kothari et al., 2021). With stressors effecting CPS caseworkers such as high workloads, burdensome administrative requirements, and working with challenging parents, can impact retention among new CPS caseworkers (Schelbe et al., 2017). Furthermore, other findings have documented child welfare workers leave their jobs the first three years of employment (General Accounting Office, 2003; Griffiths et al., 2020). EI allows individuals to manage emotions adaptively thereby decreasing stress levels (Clarke, 2006; Mayer & Salovey, 1997; Tsaousis & Nikolaou, 2005), and as a result reduce the effects of occupational burnout. There exists a relationship between the stress that can lead to burnout and EI (Deshpande & Joseph, 2009; Law et al., 2004; Petrides & Furnham, 2006), but more research is needed for specific professionals in order to refine and specify the correlation (Birks et al., 2009; McQueen, 2004).

For instance, asserted that studies show stressors among new child welfare workers included high workloads, burdensome administrative requirements, and working with challenging parents, literature has not pointed out how EI can improve one's ability to manage these stressors. Tsaousis and Nikolaou (2005) argued that increased EI improves physical and psychological health with correlates with the participation of stress-reducing behaviors. The ability to effectively confront and cope with a problem depends upon the

ability to regulate emotions (Aldea & Rice, 2006; Aldea & Rice, 2008). An increase of EI is also related to effective problem solving, stress management, decision making and faster mood recovery (Bar-On, 2001; Bar-On & Parker, 2000; Mayer et al., 2000). Further, challenge and threat appraisals are said to differently affect physiological responses, performance, and emotions. When a stressor is viewed as a challenge, people approach the situation with a problem-solving mindset and attempt to resolve the issues at hand. When a stressor is viewed as a threat, people evaluate various coping options, such as altering the situation, accepting it, seeking more information, or holding back from acting impulsively and counterproductively (Schneider et al., 2013).

Burnout is likely to develop when work is unchallenging, unfulfilling and lacking in positive feedback and appreciation (Maslach, 1982). The tool's usage is widespread due to its strong psychometric properties and consistent results among varying samples (Kim & Ji, 2009). The MBI has expanded beyond human services work to include many other professions. The MBI measures burnout based on three contributors: emotional exhaustion, depersonalization, and reduction in personal accomplishment or efficacy (Maslach et al., 1996, 2001, 2004). Emotional exhaustion is a dimension that suggests feeling mentally exhausted and depleted. According to Brotheridge and Lee (2003), emotional labor is a process in which workers regulate their emotional displays to meet organizationally based expectations unique to their positions. Emotional labor is in high demand in the social services sector, including caseworkers who must handle and react to clients' emotional requirements. According to Van Dusseldorp et al. (2010), EI could serve as a supportive factor in conducting emotional labor, possibly decreasing emotional exhaustion and the risk of burnout among CPS caseworkers.

EI has been linked with stress management, problem solving skills, well-being and mental health (Ciarrochi et al., 2002; Gerits et al., 2005). In another study, emotional

intelligence was explored with nursing studies, using multiple regression, its relationship with stress, was measured by coping strategies, subjective well-being, nursing competency and academic performance (Cherniss & Adler, 2000). Results indicated coping strategies most frequently used plan-ful problem solving and least used was escape avoidance. Further, students that scored high in EI are better able to regulate and express their own emotions and read the deeper emotional meanings of others with whom they interact, resulting a decrease of stress and lower risk of developing mental health problems (Cherniss & Adler, 2000). Researchers have reported that emotional exhaustion and depersonalization can be considered the core factors of burnout, personal accomplishment, with its stability, is considered a personality trait (Cordes & Dougherty, 1993, Koeske & Koeske, 1989, Schaufeli & Enzmann, 1998). Nurses have similar characteristics of a child welfare worker, as they are exposed to death, lack of knowledge and decision latitude, role stress, lack of support of supervisors, interpersonal conflicts and communication problems (Garrosa et al., 2008).

Emotional intelligence has been proposed as a risk factor for job exhaustion. Individuals with high EI are better able to regulate their emotions, deal with stress, and keep good relationships with coworkers, according to research, all of which may help lower the risk of burnout (Ciarrochi et al., 2002; Gerits et al., 2005). Individuals with high EI may also be better able to identify the early symptoms of burnout and handle them before they become more severe. Furthermore, CPS caseworkers with high EI may be more effective at recognizing and resolving their clients' needs, which may contribute to higher job satisfaction and lower emotional exhaustion rates (Clarke, 2006; Mayer & Salovey, 1997; Tsaousis & Nikolaou, 2005). While research on EI and exhaustion in child welfare caseworkers is limited, it is a developing field of interest with significant consequences for enhancing the well-being of CPS caseworkers as well as the children and families they serve. However,

more study is required to completely comprehend the relationship between EI and burnout and to create successful workplace burnout prevention interventions.

Emotional Intelligence and Work/Life Balance

Kahn et al. (1964) have given first definition for the work family conflict and conceptualized as “the interrole conflict people experienced between their work roles and other life roles.” Further, work–life balance is the ability to accomplish the goals or meet the demands of one’s work and personal life and achieve satisfaction in all life domains (Bulger & Fisher 2012, p. 182). It has been suggested that “work-family conflict occurs when demands from one role affects one’s ability to meet the demands associated with another role in another domain” (Greenhaus & Beutell, 1985). Communication technology has also contributed to an increase in work life conflict resulting in reduced job satisfaction, stress, and burnout (Kossek & Lautsch, 2008).

Studies have shown that work life conflict have been linked to negative outcomes for employees, including increased stress and burnout, higher absenteeism, physical and mental health problems, reduced job satisfaction, and employee turnover intentions (Frone, 2000; Martins et al., 2010; Netemeyer et al., 1996). These outcomes often lead to a variety of problems for organizations, including financial costs, inefficient use of time, and inefficiency in terms of meeting larger organizational goals (Kossek & Lautsch, 2014). According to researchers, work life conflict typically takes two different forms: (a) work obligations interfere with family responsibilities and (b) family responsibilities interfere with work obligations (Kossek & Ozeki, 1998).

With dual career households, occupying multiple roles, there is an increase of interrole conflicts (Boyar et al., 2005). Interrole conflict happens when employees put more efforts to fulfill their work demands instead of family demands or vice versa. Studies have shown a work life balance can increase job satisfaction and organizational commitment thus

decreasing job stress (Allen et al. 2000; Ford et al., 2007; Kossek et al., 2014). Moreover, understanding and managing one's emotions can help balance the work family life (Lenaghan et al., 2007). Emotional intelligence compels one to be more motivated with their work and family activities, understand others emotions, create better bonds with people around them, and are more empathetic towards others, as a result, have a better management in balancing work and family roles (Mikolajczak et al., 2007).

Further studies following the effect of emotional intelligence and work life balance was conducted on police officers. Study identified emotional intelligence was helpful in managing one's emotional needs, achieve a work-life balance, process emotional information generated by others, and navigate the social environment (Gall & Allsop, 2007; Salovey & Mayer, 1990). As a result, these police officers had better self-awareness, were good decision makers and adjusted to achieve their goals (Kumarasamy et al., 2016). Work involved with child protective services the dynamics of the job can carry over into a worker's home and family life. Furthermore, researchers found that people with high emotional intelligence can manage work family conflict (Carmeli, 2003; Jordan et al., 2002; Lenaghan et al., 2007).

CPS caseworkers are consistently experiencing occupational stress, with no coping skills or ineffective coping skills and as a result increase occupational burnout and turnover rate (Kinniburgh et al. 2005). Literature points to influencing or moderate the choice of coping strategies based on varying levels of EI when placed in stressful situations. Studies indicate that burnout is more closely linked to emotion-focused coping than problem-focused coping (Demerouti, 2015). Moreover, EI has shown a positive relationship with problem solving coping strategies, mediate occupational stress and prevent occupational burnout (Bar-On, 1997; Saklofske et al., 2007; Salovey et al., 2002). This initiative could help the department in providing training to increase EI competencies during the initial employment

period and provide ongoing training for existing employees, thus, keep well experienced child welfare workers and ultimately improve the quality family and children safety outcomes.

Conclusion

The construct of EI was described through the use of the Four-Branch Model shown in Figure 1 (Mayer & Salovey, 1997). The four-branch model for emotional intelligence by Salovey and Meyer proposed a four-branch model of emotions, explaining four domains of related skills, perceiving emotions in oneself and others accurately, using emotions to facilitate thinking, understanding emotions, emotional language and the signals conveyed by emotions, and managing emotions so as to attain specific goals (Grewal & Salovey, 2005). By investigating EI and its relationship to occupational stress and coping, knowledge about whether EI moderates a caseworker's ability to cope with occupational burnout could empower CPS caseworkers and organizations to implement initiatives to increase EI abilities and thereby improve coping strategies. Therefore, the rationale for this study is to explore the relationships among demographic variables (caseload size, education level, and education type) has to occupational burnout and the relationship between coping, occupational burnout and EI in CPS caseworkers. The results of this investigation will add to the existing literature on coping and emotional intelligence and the degree to which EI moderates the selection of coping mechanisms for CPS caseworkers experiencing occupational burnout.

Chapter 3: Method

Research Design

This study used a multiple linear regression, which is “a statistical procedure for examining the combined relationships of multiple independent variables with a single dependent variable” (Creswell, 2012). Multiple regression analysis was chosen for this research because it examines the separate and collective contributions of the independent variables to the variation of the dependent variable. The relationship between occupational burnout and each potential independent variable was preceded by a series of tests of each independent variable to ensure that the underlying statistical assumptions regarding distributional characteristics are required for inclusion in a multivariate analysis are met. Independent variables were tested in a stepwise multiple regression analysis on each dependent measure. An alpha level entry criterion of $p < .05$ for independent variables in each regression model was utilized to ensure that only measures contributing significant explanatory power enter the model. Where appropriate, potential interaction effects between independent variables was tested in the models in order to examine the possible confounding influence of one predictor on another, as well as to increase the explanatory power of the models. A multiple regression analysis was used to analyze the relationship between each independent variable and the dependent variable. The results of these analyses were provided in the following chapter.

The predictor variables is the total of each subscales of EI to determine overall emotional intelligence and the two types of coping skills; and the dependent variable is occupational burnout. I used a correlational design, specifically multiple linear regression, to determine the relationship among emotional intelligence, coping strategies, and occupational burnout. I will operationalize these variables using WLEIS scores, Brief COPE and CBI scales.

The first research question for this study was: Will EI and coping style affect the relationship with occupational burnout among CPS FBSS and CVS caseworkers? The hypothesis for this study is that the variables of emotional intelligence will impact the choice of coping skills that can directly impact occupational burnout among CPS FBSS and CVS caseworkers. The second research question for this study was: How are demographic variables (caseload size, education level, and education type) related to EI, coping strategies, and occupational burnout among child protective caseworkers? The hypothesis for this research question is that the demographic variables will relate to EI, coping strategies and occupational burnout. A quantitative research design was used to determine the relationships between emotional-social intelligence, coping styles, and occupational burnout. Moreover, a quantitative research design was used to determine the relationship the demographic variables between EI, coping strategies and occupational burnout.

Recruitment

A convenience sampling method was used to obtain voluntary participation. After receiving St. Mary's University's Institutional Review Board (IRB) approval for the study(see Appendix B), I used social network technology and electronic communication to establish a link for an online Qualtrics survey. Following, I read through requesting permission from the TDFPS Research and Evaluation department to conduct research (see Appendix A). Second, I recognized I did not need permission from the regional director of TXDFPS to forward an email or recruit qualified participants as I did not ask any questions of type of cases or names of the families involved with TXDPS. As a result, a request to edit IRB review was conducted and approved (See Appendix B). A third email was sent to the FBSS and CVS recruited from social media with surveys to the CPS caseworkers (see Appendix F). The email described the survey and eligibility requirements and invite participation. Eligible participants needed to have been employed for at least 1 year at the

Texas Department of Family and Protective Service and work at FBSS department and CVS department. Informed consent was obtained as part of the survey.

An email was forwarded to each survey participant containing a letter describing the purpose of the study in general terms and informed the participant of the measures being used to protect their anonymity in the survey process and it further explained that by clicking on the active survey link found in the e-mail, each survey participant was provided the consent to participate in the study. As an incentive to take part in the study, each survey participant had an opportunity to be entered in a random drawing for a chance to win one of four \$25 VISA gift cards. Upon completion of the study, the researcher chose a four random participant names and notify the winning participant by email to receive the gift cards.

Summary

This study used a quantitative design to investigate whether a relationship exists between the level of EI, coping style, and occupational burnout among CPS FBSS and CVS caseworkers. A target group of 177 of CPS FBSS and CVS caseworkers was surveyed. The data was collected from the Texas Department of Family Protective Services case workers and social media recruitment. The data was analyzed using descriptive statistics and statistical tests for group differences. In chapter four, the results of the analysis will be included.

Quantitative Methods

I used a cross-sectional, survey research design to analyze the research variables. According to Creswell (2017), the quantitative approach employs strategies of inquiry such as experiments and surveys in order to collect statistical data. The aim of quantitative research is to investigate, count, or classify and construct statistical models and figures to explain the observations. I used a nonexperimental, quantitative, correlational research design that examined the relationship of the independent variables with the dependent variables. A

correlational research design describes the relationship between two or more variables of interest (Rosnow et al., 2008). Random assignment and a control group was not utilized, therefore neither an experimental nor quasi-experimental method was used. The non-experimental design was addressing whether EI and Brief COPE inventory influence occupational burnout among FBSS and CVS caseworkers.

A correlational research design seemed most appropriate because it allows systematic comparisons of relationships, while a qualitative approach would not allow statistical reporting. Furthermore, a quantitative research method was more appropriate for this study than a qualitative or mixed-methods approach. The qualitative research approach requires a researcher to interpret data, and does not allow a researcher to compare variables or group participants statistically (Russell & Russell, 2012). Qualitative data sources are not limited to numerical data alone, as they can be derived from multiple sources (Bansal & Corley, 2011). Mixed-methods research, on the other hand, combines both quantitative and qualitative research approaches. The mixed-methods research approach has the ability to obtain more data than a quantitative research method, but the additional costs and time involved in the research can sometimes outweigh the benefits of obtaining the additional data. Therefore, a quantitative methodology using a survey design was selected as the most appropriate research design for this study.

The predictor variables (IVs) in this study are the four subscales that comprise the WLEIS and the two summated scores (negative and positive coping) subscales of the Brief COPING inventory for a total of six predictor variables. The four subscales in the WLEIS are (a) self-emotion appraisal (SEA), (b) others' emotions appraisal (OEA), (c) use of emotion (UOE) and (d) regulation of emotion (ROE) (Wong & Law, 2002). The abbreviated form of the Brief COPE comprises the two summated scores, the scales will be split into two outcome measures, negative and positive coping. Negative coping was handled with the

range of 4-16 points. On the other hand, positive coping had a score range from 10-40, emotion focused coping, problem focused coping and dysfunctional coping (Carver, 1997). The criterion variable (DV) in my research study is level of occupational burnout, measured by the Copenhagen Burnout Inventory.

The main goal of the study is to understand the correlation between emotional intelligence, coping styles and occupational burnout for CPS FBSS and CVS caseworkers. I used a nonexperimental quantitative research design to examine the predictive relationships between CPS caseworkers, EI, coping styles and burnout. The sample population was chosen through convenience sampling, and the data was collected using a web-based survey containing the following three instruments: Wong and Law Emotional Intelligence Scale (WLEIS; Wong & Law, 2002), Brief COPE inventory (Carver, 1997) and the Copenhagen Burnout Inventory (Kristensen, 2005) and a demographic questionnaire.

Participants

This study was carried out among CPS FBSS and CVS caseworkers at Texas Department of Family and Protective Services in Southwest Texas. The study consisted of caseworkers of child protective service workers working within the family-based services (FBSS) department and the conservatorship (CVS) department. The sample consisted of child protective services caseworkers who meet the following criteria: currently employed as a FBSS and/or CVS caseworker at the Texas Department of Family Services, a minimum of 1 year employed and at least 18 years of age.

Power Analysis

The sample size for this study will be based on gaining statistical significance and power through the use of multiple linear regression by using power analysis. I used the G*Power 3.1 software with 6 predictor variables, a medium effect size ($f^2 = .15$, an alpha level of $p < .05$ and a power level where $1 - \beta = .80$). Results showed that the minimum sample size for this study was $n = 98$.

Measuring Instruments

Data will be collected through an online survey using Qualtrics's survey, which will have five parts. The first part of the survey provided informed consent to the subjects, second was the demographic questionnaire, third was the WLEIS survey, the fourth was the Brief COPE survey and the final was the Copenhagen Burnout inventory.

Control Variables and Demographic Questionnaire

The demographic part of the survey collected a variety of information that provided control variables and demographics for the study (see Appendix H). Constructs that were measured included: time working with agency, gender, marital status, education level, education type, and caseload size. Variables measured used a Pearson Product Moment Correlation and Chi Square.

Tenure

Tenure was the continuous variable. Tenure will ask how long the participant worked as CPS FBSS or CVS caseworkers and entered as an interval ratio.

Gender

Gender was a categorical variable. Gender was coded “1” if the participant identified as male and as “2” if the participant identified as female, or “3” if the participant identified as other.

Marital Status

Marital status was a categorical variable. Single was coded “1” when the participant identified as single, “2” when the participant identified as married, “3” when the participant identified as divorce/separated, “4” when the participant identified as a widow, “5” when the participant identified as being in a committed relationship.

Education Level

Education level was an ordinal variable. It was coded “1” when the participant had no education beyond HS, “2” associate degree “3” some college, “4” bachelor’s degree, “5” master’s degree, “6” doctoral degree.

Education Type

Education type was a categorical variable. Education type was coded “1” when the participant had a social work degree and “2” when the participant had a psychology degree, “3” when the participant had a counselor degree, “4” when the participant had a marriage and family counseling degree, “5” when the participant had a criminal justice. Chi-Square was used to show whether or not there is a relationship between education type and occupational burnout.

Caseload

Caseload type was a continuous variable. Caseload type asked the average caseload size and entered as interval ratio. Caseload was coded as small (1-10), medium (11-20) and large (21-above). Pearson R was used to measure this against occupational burnout.

Predictor and Outcome Variables

Predictor variables are critical components of research investigations because they enable researchers to make relevant predictions or explanations about the phenomena under study (Creswell, 2012). The Wong & Law Emotional Intelligence Scale and the Brief COPE instrument were used as major predictor factors in this work. The Wong and Law Emotional Intelligence Scale was used to evaluate individuals' emotional intelligence, which includes the capacity to recognize, interpret, manage, and use emotions successfully (Wong & Law, 2002). This measure gave useful insights on the emotional intelligence levels of participants, providing for a thorough grasp of their emotional abilities and how these may relate to the study subject at hand. The Brief COPE measure was also used to assess individuals' coping methods in response to stresses or difficult situations (Carver, 1997; Carver et al., 1989). The scales were split into two scales “positive coping strategies” and “negative coping strategies.” The Brief COPE tool aided in the examination of participants' coping techniques, offering light on how individuals deal with stress and hardship in their lives. The use of these measures contributed to the robustness of the findings and helped in drawing meaningful conclusions.

The outcome variable is occupational burnout, which was measured using the Copenhagen Burnout Inventory (CBI). CBI is a widely used and validated self-report measure (Kristensen et al., 2005). The methodology for measuring occupational burnout will be described along with information on how the CBI will be used as the evaluation instrument to determine the extent of burnout among FBSS and CVS caseworkers. By utilizing the CBI, it will measure the influence of the predictor variables, EI assessed using WLEIS and coping strategies assessed using the Brief COPE instrument, on the levels of burnout experienced by CPS caseworkers.

Wong and Law Emotional Intelligence Scale (WLEIS)

To measure emotional intelligence, I used the Wong & Law Emotional Intelligence Scale (see Appendix I). Wong and Law (2002) developed the WLEIS to measure EI, based on the four-branch model. The WLEIS scale is divided into four subsections; self-emotions appraisal (SEA), others-emotions appraisal (OEA), use of emotion (UOE), and regulation of emotion (ROE). The WLEIS is free to use and is a practical way to measure EI for a large sample. It contains 16 questions and uses a 7 point Likert-type scale (Wong & Law, 2002). The WLEIS (Wong & Law, 2002) was developed to provide a short measure of emotional intelligence (EI) suitable for research on the workplace.

The WLEIS has established validity and reliability. The WLEIS has been found to be distinct from the big five personality model (Law et al., 2004). In addition, the 16-item scale was specifically developed for use in organizations and a better predictor of objective job performance compared to the performance-based emotional intelligence test, MSCEIT (Law et al., 2004, 2008; Wong & Law, 2002). The subsections found in the WLEIS support the concept of EI being multifaceted (Shi & Wang, 2007; Wong & Law, 2002). Karim (2010) concluded adequate reliability of each of the WLEIS scales due to adequate Cronbach's alpha levels of 0.81 (SEA), 0.80 (OEA), 0.78 (UOE), and 0.79 (ROE), which indicate acceptable reliability scores (Bland & Altman, 1997). It has been used in studies in varied cultures (Law et al., 2004, 2008; Shi & Wang, 2007) and with different ethnic and gender groups (Whitman et al., 2009),

The WLEIS is divided into four subsections; self-emotions appraisal (SEA), others-emotions appraisal (OEA), use of emotion (UOE), and regulation of emotion (ROE). I used the total of each subscales to determine overall emotional intelligence. The WLEIS will report an average score for each participant on each subscale, ranging from 1 to 7, with "1"

indicating low EI and “7” indicating high EI. The variable can be treated as continuous (Wong & Law, 2002).

Brief COPE Instrument

The fourth survey I administered to assess coping strategies was using the Brief COPE instrument (see Appendix K). The Brief COPE was developed by Lazarus and Folkman (1984) and consists of 15 scales, each focusing on a different type of coping. It was designed to be a modular instrument, which means that researchers can select and choose which scales to use for their tests. The development of the Brief COPE, having 28 items instead of the original 60, was guided by factor loadings from previous cognitive testing that indicated that certain items provided more clarity to respondents than others (Carver, 1997; Carver et al., 1989).

Since the Brief COPE has 14 sub-scales and no "overall" coping index ranking, the author does not prescribe a specific method of creating a dominant coping style for any given individual. Carver, on the other hand, promoted the development of second-order factors from among the scales and the use of the factors as predictors by researchers using their own specific evidence. For the purposes of this dissertation, however, two summated scores were created based on the ten subscales that dealt with positive coping strategies and for the four subscales that mentioned negative coping strategies. This strategy was used because Carver grouped his scales conceptually into “active” and “avoidant” coping strategies. Instead of using these terms, this study named the scales “ positive coping strategies” and “negative coping strategies.”

There are ten ‘positive’ and four ‘negative’ scales that are grouped in the following manner: Positive scales are: Self- Distraction (items 1 and 19); Active Coping (items 2 and 7); Use of Emotional Support (items 5 and 15); Use of Instrumental Support (items 10 and 23); Venting (items 9 and 21); Positive Reframing (items 12 and 17); Planning (items 14 and

25); Humor (items 18 and 28); Acceptance (items 20 and 24); and Religion (items 22 and 27). Negative scales are Denial (items 3 and 8); Substance Use (items 4 and 11); Behavioral Disengagement (items 6 and 16); and Self-blame (items 13 and 26).

This abbreviated form was developed to address coping styles (emotion and problem focused coping) as well as avoidant coping style (Carver, 1997). Adaptive strategies like emotion-and problem-focused coping tend to be associated with more benefit whereas dysfunctional coping tends to be associated with poorer results (Carver, 1997). This instrument was used to assess the independent variable of coping strategies, among emotion-focused, problem-focused and dysfunctional coping. The Brief COPE is ideal for this research study in that it is applicable for studying stress responses in particular groups of individuals and identifying the strategies used for coping (Carver, 1997).

The Brief COPE is a 28-item self-report measure that uses a 4-point Likert scale ranging from 1 (*I usually don't do this at all*) to 4 (*I usually do this a lot*) to assess 14 scales of coping, two items per scale. The Brief COPE also enables the researcher to adapt directions to the specific stressor(s) of interest. As a result, the scales will be split into two outcome measures, one of which will be an aggregate of 'negative handling,' with a potential range of 4-16 points. The greater the ranking, the more often pessimistic coping mechanisms are used. A lower score means that an individual is not engaged in destructive coping, which must be taken into account in the study. There are 10 'positive coping' strategies, the score range is from 10-40. Scores must be interpreted with caution along this scale, lower scales indicate that an individual may not be using coping strategies with great frequency.

Psychometric properties for the Brief COPE were reported in comparison to the COPE inventory and examined utilizing a sample of community residents ($N = 168$) who responded to a natural disaster (Carver, 1997). With a similar factor structure, the Brief COPE demonstrated good internal reliability of scales across three administrations of the

scale (3, 6, and 12 months post hurricane). Internal consistency values for the scales established by Carver (1997) included: active coping ($\alpha = .68$), planning ($\alpha = .73$), 72 positive reframing ($\alpha = .64$), acceptance ($\alpha = .57$), humor ($\alpha = .73$), religion ($\alpha = .82$), emotional support ($\alpha = .71$), instrumental support ($\alpha = .64$), self-distraction ($\alpha = .71$), denial ($\alpha = .54$), venting ($\alpha = .50$), substance use ($\alpha = .90$), behavioral disengagement ($\alpha = .65$), and self-blame ($\alpha = .69$; Carver, 1997).

Validity and reliability of the Brief COPE was examined with a sample of family caretakers of individuals with dementia (Cooper et al., 2008). After three administrations of the scale at yearly intervals good internal consistency was found for all three subscales: emotion-focused, Cronbach's $\alpha = .72$; problem-focused, Cronbach's $\alpha = .84$; dysfunctional, Cronbach's $\alpha = .75$. Test-retest reliability over a year was demonstrated for each subscale: .58 for emotion-focused, .72 for problem-focused, and .68 for dysfunctional (Cooper et al., 2008). Yusoff (2011) examined the psychometric properties of the Brief COPE, translated into Malay language, with secondary school students ($N = 90$). Findings revealed a total Cronbach's $\alpha = .83$ with six coping strategies demonstrating high internal consistency (Cronbach's $\alpha > .70$), four coping strategies demonstrating acceptable internal consistency (Cronbach's $\alpha > .50$), and four coping strategies demonstrating low internal consistency (Cronbach's $\alpha < .50$); validity and reliability was supported. Construct validity and internal consistency was also examined with medical students ($N = 359$) (Yusoff, 2010). With a total Cronbach's $\alpha = .85$, findings demonstrated adequate construct validity and internal consistency: active coping ($\alpha = .68$), planning ($\alpha = .74$), positive reframing ($\alpha = .78$), acceptance ($\alpha = .80$), humor ($\alpha = .89$), religion ($\alpha = .85$), emotional support ($\alpha = .82$), instrumental support ($\alpha = .80$), self-distraction ($\alpha = .57$), denial ($\alpha = .74$), venting ($\alpha =$

.56), substance use ($\alpha = .87$), behavioral disengagement ($\alpha = .84$), and self-blame ($\alpha = .80$), total Cronbach's $\alpha = .85$ (Yusoff, 2010). The instrument was found to be a valuable tool for assessing coping strategies for a sample of medical students (Yusoff, 2010).

Copenhagen Burnout Inventory

To measure the influence of the predictor variables EI and Brief COPE instrument on occupational burnout among CPS FBSS and CVS caseworkers, I will use the Copenhagen Burnout Inventory (CBI) to assess burnout levels (see Appendix J). CBI focuses on the exhaustion and fatigue of burnout (Kristensen et al., 2005) thus focusing on the experience of occupational burnout and how to prevent it. Three sources of occupational burnout are identified, personal, work related, and client related. Personal burnout is general burnout experienced by an individual regardless of work experiences or occupational status (employed or unemployed). Work-related burnout refers to fatigue and exhaustion associated with an individual's work, whereas client-related burnout embodies burnout specifically linked to one's work with clients.

CBI is a 19-item survey with positively and negatively framed items that covers 3 areas: personal (degree of physical and psychological fatigue and exhaustion), work (degree of physical and psychological fatigue and exhaustion related to work, and client-related (or a similar term such as patient, student, etc.) burnout. Responses are in the form of either always, often, sometimes, seldom, and never/almost never or to a very high degree, to a high degree, somewhat, to a low degree and to a very low degree. Physical and psychological fatigue has 6 items, physical and psychological fatigue related to work has 7 items, and client-related burnout has 6 items (Kristensen et al., 2005)

Data Analysis Plan

To examine research question number 1, a Multivariate Analysis of Variance (MANOVA) was conducted to determine if the mean of the occupational burnout is

significantly different between the factor levels of the caseload size (small (1-10), medium (11-20) and large (21-above), education level, and education type. The MANOVA is appropriate when the research goals involve is to identify significant differences in a continuous variable between two or more categorical groups (Bates et al., 2014; DeCarlo, 1997; Field, 2017).

The assumptions of normality, homogeneity of variance, and outliers will be assessed. The normality assumption requires the residuals of the MANOVA to follow a normal distribution. Normality will be assessed graphically using a Q-Q scatterplot (Bates et al., 2014; DeCarlo, 1997; Field, 2017). The homogeneity of variance assumption requires the variance of the dependent variable to be equal within each independent group. The homogeneity of variance assumption will be examined using a scatterplot of the residuals and the fitted values (Bates et al., 2014; Field, 2017; Osborne & Waters, 2002). Outliers will be identified as any observation with a studentized residual that exceeds the .999 quantile of a t -distribution with $(n - 1)$ degrees of freedom, where n is the sample size (Field, 2017; Pituch & Stevens, 2015). An F -test will be used to determine significance at an alpha level of .05. If there are any significant effects, post hoc comparisons will be conducted to explore the differences in more detail.

To further examine research question number 2, correlational relationships and multiple regression analysis between predictor and criterion variables was used to analyze with Statistical Package for Social Sciences (SPSS) in order to investigate the research questions (Bates et al., 2014; DeCarlo, 1997; Field, 2017). Using separate correlational analysis and regression analysis was ran to determine the predictor variables, emotional intelligence and coping strategies, to the relationships to the criterion variable, occupational burnout. Statistical relationships between variables were considered significant at the .05

level. Multiple linear regression analysis was used in predicting the dependent variable of occupational burnout and the independent variable of EI and coping strategies.

Collected data was exported from Qualtrics and directly imported into SPSS. The data was tested for outliers, linearity, normality, and homoscedasticity, as well as meaning using Pearson's r correlation. The raw data in the dataset was extracted and descriptive statistics such as mean and standard deviation will be given. There are techniques for checking the assumptions of variables used in multiple linear regression to find potential Type I and/or Type II errors (Tabachnick & Fidell, 1996). Furthermore, two sets of assumptions (raw scale variables and residual) must be tested in order to minimize the probability of errors within the dataset and provide a consistent presentation of the data analysis.

Variable Distribution

A preliminary screening of the raw data will be performed in order to identify any missing values and outliers in the dataset. Missing values cause a value to be omitted from the data collection. Outliers are ratings that fall beyond the limits of the rest of the sample, creating errors in the mean and standard deviation (Field, 2013).

Linearity, Normality and Homoscedasticity

Linearity is the assumption that the variables within the dataset are related and correspond as seen through the graphical format of a scattered plot and histogram (Mertler & Vannatta, 2016). The importance of linearity is a visual representation of the statistical significance of the relationship between the independent and dependent variable(s).

Normality is the assumptions that each variable within the data as well as the linear relationship of a combination of variables is normally distributed. Normality is represented through the use of values that includes skewness, kurtosis, and Kolmogorov-Smirnov statistics (Mertler & Vannatta, 2016).

Homoscedasticity is the assumption that the variance of the dependent variable is similar across the entire dataset (Field, 2013). Homoscedasticity is visually represented within a residual scatterplot of the dataset.

Multiple Linear Regression Analysis

Multiple linear regression supports the prediction the dependent variable (occupational burnout) from the independent variables (EI and coping strategies). The use of a multiple regression analysis identifies the correlational relationship of occupational burnout in regard to EI and coping strategies. Additionally, the application of a multiple regression analysis stepwise method will support the identification of the strength of the correlation of each independent variable separately to the dependent variable (Field, 2013). A complete and detailed analysis of the data is presented in Chapter 4.

When doing a multiple linear regression statistical study, the problem of multicollinearity is a major concern. The issue of two or more strongly correlated predictor variables will yield the same information within the regression analysis, resulting in statistical inconsistency (Mertler & Vannatta, 2016). Multicollinearity can be investigated visually by examining the predictor variables of a correlation matrix (Field, 2013). Furthermore, there are two mathematical approaches for evaluating multicollinearity, which involve measuring each predictor component for resistance and the variance inflation factor (VIF) (Field, 2013).

The tolerance statistical approach aids in determining the multicollinearity of the predictor variables in the sample. Tolerance values ranging from 0 to 1 are calculated, and any tolerance value less than 0.1 implies a problem with multicollinearity. Furthermore, VIF aids in determining the effect and correlational association of each predictor variable. If the VIF for each indicator is greater than 10, there is a strong probability of multicollinearity (Field, 2013). SPSS program is used to compute all of these mathematical methods. Finally,

prior to doing a multiple linear regression analysis, it is essential to analyze both the tolerance values and the VIF scores for each predictor variable to define multicollinearity (Field, 2013).

Ethics and Confidentiality

Participants will be engaged by the researcher through e-mail and social media recruitment. The researcher will gain the participants' e-mail addresses from Texas Department of Family and Protective Services, a public website and contacted the potential participants via their business e-mail addresses with a recruitment request to participate in the study. The participants will be provided with an informed consent and a hyperlink once the participants agree to be a part of the study.

Risk for harm to the participants of this study will be kept minimal. The interviewer is trained in observing emotional responses that may have required further consultation. If necessary, a referral for the participants will be made to the Employee Assistance Program or another professional of the participant's choosing for further treatment. Benefits of the research included helping others better understand the feelings of case managers have about their work, and specifically in understanding the role of emotional intelligence in child protective service workers. Findings of this study could have implications for the training of emotional intelligence to child protective services workers. Case managers will also have the opportunity to learn about the outcome of the study. Potential benefits will outweigh the participants' risks in this study.

The data that will be gathered from emotional intelligence, coping survey and occupational burnout will be entered into the confidential database password protected. Following this process, all identifying data was then be deleted and all information will be stored on an encrypted password-protected laptop as well as an encrypted password-protected and back up in a cloud-based service of Dropbox to prevent data loss. All efforts to maintain confidentiality will be given priority to the PI. The final use of the quantitative data was

given in the aggregate form only. Lastly, I am a single researcher with exclusive access to this confidential information and will shred all documents as necessary.

Chapter 4: Results

Demographic Characteristics

The comprehensive study findings are included in this chapter. Qualtrics identified 330 participants; however, only 53.64% of the replies were tallied as completed surveys ($n = 177$). When the data from the Qualtrics survey were examined, missing values revealed that 153 participants left certain coping method questions unanswered. In the Copenhagen burnout inventory and the Brief Cope Inventory, participants were categorized as nonresponders if they answered fewer than three items or no more than one. Based on this, I chose to exclude 153 participants using a process known as listwise deletion (Cohen & Cohen, 2003). As a result, the final total number of research participants dropped to $n = 177$, still above the minimum recommended sample size of $n = 98$.

Descriptive Statistics

Descriptive analysis was conducted on the demographic information. Participants in the survey needed to be over the age of 18 and have worked for more than a year as a CPS caseworker. The survey collected the type of caseworker, years as a CPS caseworker, whether they worked from home, desirability of working from home, gender, marital status, education level, education type, and average caseload size. Tables 1–5 present this data. Among the participants, 81.4% identified as FBSS workers, 62.7% identified as CVS workers, and 11.3% did not identify as either FBSS or CVS (see Table 1). Gender statistics for the survey are described in Table 1: 53.7% were male and 46.3% were female. Over half reported being married and 22.6% reported being single (see Table 4). With respect to field of education, 31.1% reported having a psychology degree, 26.6% social work degrees, and 10.2% for both counseling and marriage and family therapy (see Table 3). For caseload size, 6.8% reported having a small caseload, 17.5% reported a medium, and 75.7% reported a large caseload (see Table 5).

Table 1*Job Title and Gender*

Characteristic	<i>n</i>	%
FBSS	164	81.4
CVS	157	62.7
Male	95	53.7
Female	82	46.3

Note. *N* = 177

Table 2*Education Level of Participants*

Highest education level	<i>n</i>	%
No education beyond high school	6	3.4
Some college	31	17.6
Associate's degree	32	18.2
Bachelor's degree	84	47.7
Master's degree	16	9.1
Doctorate degree	7	4.0

Table 3*Participants' Field of Education*

Field of education	<i>n</i>	%
Social work	47	26.7
Psychology	55	31.3
Counseling	18	10.2
Marriage and family counseling	18	10.2
Criminal justice	14	8.0
Education	20	11.4
No specialized education	4	2.3

Table 4*Marital Status of Participants*

Marital status	<i>n</i>	%
Single	39	22.2
Married	124	70.5
Divorced/separated	9	5.1
Committed relationship	2	1.1

Table 5

Participants' Caseload Size

Caseload size	<i>n</i>	%
Small	12	6.8
Medium	31	17.5
Large	134	75.7

Research Question 1

RQ1: How are demographic variables (caseload size, education level, and education type) related to EI, coping strategies, and occupational burnout among child protective caseworkers?

To determine the level of EI that caseworkers possess, I used the WLEIS tool, which contains 16 questions on a 7-point Likert scale. The data were coded for analysis as follows: (1) totally disagree, (2) disagree, (3) somewhat disagree, (4) neutral, (5) somewhat agree, (6) agree, (7) totally agree. The WLEIS data were recorded at the nominal level as low EI (value of < 3.4), neutral EI (value of 3.5-4.4), and high EI (value > 4.5). A total mean score was calculated for the CBI, which contains 17 questions on a 5-point Likert scale. The CBI is composed of three distinct sections (personal burnout, work-related burnout, and client-related burnout). In order to examine the data further, ad hoc tests of reliability and recoding were conducted. The data were subsequently coded as follows: (1) always, (2) often, (3) sometimes, (4) seldom, (5) never/almost never; (1) to a very high degree, (2), to a high degree, (3) somewhat, (4) to a low degree, (5) to a very low degree. Question 43 in the survey tool, "Do you have enough energy for family and friends during leisure time," was reverse coded as follows: (5) to a very high degree, (4) to a high degree, (3) somewhat, (2) to a low degree, (1) to a very low degree. To produce the most accurate and substantial analysis, the

data were analyzed as both ordinal and interval. Brief COPE has 14 subscales and no overall coping index ranking; its author does not prescribe a specific method of creating a dominant coping style for any given individual. Two summary scores were created based on the 10 subscales that dealt with positive coping strategies and the four subscales that mentioned negative coping strategies. This strategy was used because Carver grouped his scales conceptually into active and avoidant coping strategies. Instead of using those terms, this study named the scales “positive coping strategies” and “negative coping strategies.”

To prevent Type 1 error, a MANOVA was initially employed to examine whether there were significant differences between the three grouping variables and the three dependent variables (Cramer & Bock, 1966). If so, follow-up ANOVA and post-hoc comparisons would be employed. For the purpose of this analysis, the three grouping or independent variables were caseload size, education level, and education type. Caseload has three levels: small(1-10), medium (11-20), large (21 and above). Education level has six levels: no education, education beyond HS, some college, bachelor’s degree, master’s degree, and doctoral degree. Educational type has five levels: social work degree, psychology degree, counselor degree, marriage and family counseling degree, and criminal justice degree. The three dependent variables were EI, coping strategies, and occupational burnout; these were treated as continuous or interval data. Prior to performing the MANOVA, all basic assumptions were reviewed to determine whether this model was appropriate. Basic assumptions included homogeneity, outliers, multivariate normality, linearity, homogeneity of regression multicollinearity/singularity, and homogeneity of variance-covariance matrices. An alpha of $p < .05$ was used to determine significance. For the multivariate analysis, Wilks’s lambda was examined. Significance was determined; a post hoc analyses was reviewed to determine significant differences on the dependent variables. These were reported at each level of the independent variable.

Results of the MANOVA showed a statistically significant Wilks's lambda: $\Lambda = .907$, $F(8, 326) = 2.037$, $p < .042$, partial $\eta^2 = .315$, observed power (see Table 6). Further examination of the univariate analyses (ANOVAs) revealed that there was a significant difference between caseload size and negative strategies among CPS caseworkers ($p = .011$). Pairwise comparisons (see Table 7) showed a difference for negative strategies between small and large caseload size ($p = 0.46$), thus caseworkers with a larger caseload had more negative coping strategies ($M = 2.21$; $SD = 0.710$) than those with a small caseload ($M = 1.69$, $SD = 0.878$), as shown in Table 6. Based on these results, evidence was sufficient to reject the null hypothesis and conclude that caseworker's caseload size significantly affects the number of negative coping strategies they used. Examination of partial eta squared showed that the effect size was medium at .053. The strength of relationship between caseload size (small (1-10), medium (11-20) and large (21-above) and occupational burnout was strong, with the type of group accounting for (27.9%) of the variance of the dependent variable. The findings revealed commonly ranked answers to "doing a medium amount" to "doing this a lot" on the negative coping strategies ranked in the following, self-blame, behavioral disengagement, denial and substance use. While positive coping strategies ranked answers in the following, emotional support, religion, acceptance, positive reframing, active coping, instrumental support, self-distraction, and venting.

Table 6*Multivariate Tests*

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial eta squared
Intercept	Pillai's trace	.939	624.650 ^b	4.000	163.000	<.001	.939
	Wilks' lambda	.061	624.650 ^b	4.000	163.000	<.001	.939
	Hotelling's trace	15.329	624.650 ^b	4.000	163.000	<.001	.939
	Roy's largest root	15.329	624.650 ^b	4.000	163.000	<.001	.939
Caseload size	Pillai's trace	.095	2.039	8.000	328.000	.042	.047
	Wilks's lambda	.907	2.037 ^b	8.000	326.000	.042	.048
	Hotelling's trace	.101	2.036	8.000	324.000	.042	.048
	Roy's largest root	.074	3.048 ^c	4.000	164.000	.019	.069

Notes. ^aDesign: Intercept + caseload small, med, large; ^bExact statistic; ^cThe statistic is an upper bound on F that yields a lower bound on the significance level.

Table 7*Test of Between-Subjects Effects*

Source	Dependent variable	Type III sum of squares	df	Mean square	F	Sig.	Partial eta squared
Caseload size ^a	EI	1.114	2	.557	.419	.659	.005
	Burnout	2.981	2	1.490	2.684	.071	.310
	Positive coping	.138	2	.069	.232	.793	.003
	Negative coping	4.667	2	2.333	4.637	.011	.053

Note. ^a Caseload size small (1–10), medium (11–20), large (21 or more)

Table 8*Multiple Comparison Tukey HSD*

Dependent variable	Caseload size	Caseload size	Mean difference	Std. error	Sig.	95% confidence	
						Lower bound	Upper bound
EI	small	medium	-.2741	.39596	.768	-1.2105	.6624
		large	-.3177	.34827	.633	1.1414	.5059
	medium	small	.2741	.39596	.768	.6624	1.2105
		large	-.0436	.23725	.982	-.6047	.5174
	large	small	.3177	.34827	.633	-.5059	1.1414
		medium	.0436	.23725	.982	-.5174	.6047
Burnout	small	medium	-.5174	.25579	.110	-1.1223	.0875
		large	-.5170	.22498	.059	-1.0491	.0151
	medium	small	.5174	.22579	.110	-.0875	1.1223
		large	.0004	.15326	1.000	-.3620	.3628
	large	small	.5170	.22498	.059	-.0151	1.0491
		medium	-.0004	.15326	1.000	-.3628	.3620
Positive coping	small	medium	.0536	.18719	.956	-.3891	.4936
		large	-.0225	.16464	.990	-.4119	.3668
	medium	small	-.0536	.18719	.956	-.4963	.3891
		large	-.0761	.11216	.776	-.3414	.1891
	large	small	.0225	.16464	.990	.3668	.4119
		medium	.0761	.11216	.776	-.1891	.3414
Negative coping	small	medium	-.1986	.24349	.694	-.7745	.3772
		large	-.5140	.21416	.046	-1.0205	-.0075
	medium	small	.1986	.24349	.694	-.3772	.7745
		large	-.3154	.14589	.081	-.6604	.0297
	large	small	.5140	.21416	.046	.0075	1.0205
		medium	.3154	.14589	.081	-.0294	.6604

Note. The mean difference is significant at the .05 level.

Table 9*Descriptive Statistics*

Dependent variable	Caseload size	Mean	STD. deviation	N
EI	small	4.5729	1.45379	12
	medium	4.8470	0.88066	29
	large	4.8906	1.17703	128
	total	4.8606	1.14959	169
Burnout	small	2.5044	0.72841	12
	medium	3.0218	0.64453	29
	large	3.0214	0.76702	128
	total	2.9847	0.75264	169
Positive coping	small	2.5708	0.90163	12
	medium	2.5172	0.46814	29
	large	2.5934	0.51963	128
	total	2.5787	0.54286	169
Negative coping	small	1.6979	0.87817	12
	medium	1.8966	0.62684	29
	large	2.2119	0.71016	128
	Total	2.1213	0.72457	169

Research Question 2

Next, a multiple regression was performed to determine which was the best predictor of occupational burnout: the overall EI score, negative coping, or positive coping strategies. For this analysis, two predictor variables were loaded into the model (EI and coping strategies) and treated as continuous variables. The outcome variable, occupational burnout,

was also treated as continuous or interval data. Examination of the model summary table found the adjusted R^2 to be .275, meaning that 27.5% of the variance was explained by the model. Based on this, further examination of the coefficients table was warranted. Negative coping skills were found to be significant predictors of occupational burnout among child protective service workers (see Table 10). Examination of the standardized beta weights revealed that, of those variables that were significant predictors, negative coping contributed the most to the model (.421), followed by positive coping (.189). Examination of the unstandardized beta found that for every point or unit a CPS caseworker increased in negative coping, the participant increased on burnout by .437 points.

Table 10*Results of Regression: Predictors for Occupational Burnout*

Model	Unstandardized coefficients		Standard coefficients		
	B	Std. error	Beta	t	Sig.
(Constant)	1.267	.292		4.338	<.001
Mean					
EI	.024	.048	.036	.491	0.624
Positive coping	.262	.109	.189	2.403	0.017
Negative coping	.437	.076	.421	5.755	<.001

Summary

This chapter introduced the statistical analyses that were reported and the order in which they were addressed. This was followed by a demographic analysis of the sample and a description of the statistical results from the MANOVA and multiple regression models used in this study.

The purpose of this study was to perform an explanatory investigation of the relationship between caseload size, education level, and education type and coping strategies, emotional intelligence, and occupational burnout. A second purpose was to determine which was the best predictor of occupational burnout: the overall EI score, negative coping, or positive coping strategies. Examination of the univariate analyses (ANOVAs) revealed that there was a significant difference between caseload size and negative strategies among CPS caseworkers. Furthermore, the multiple regression analysis revealed that negative coping skills were significant predictors of occupational burnout among child protective service workers. The study's findings suggest an association between CPS caseworkers' negative coping techniques and the burnout encountered by the subjects. Participants encountered a

corresponding rise in burnout for every point or unit increase in negative coping techniques of CPS caseworkers. Furthermore, CPS caseworkers appear to use negative coping strategies such as self-blame and behavioral disengagement, according to the study's findings. The ramifications of these findings, as well as recommendations for further study, are discussed in the next chapter.

Chapter 5: Summary, Implications, and Recommendations

This chapter compiles the conclusions of the research and presents recommendations for further research. I provide an overview of this study in this chapter, outlining the research problem, the motivation for the investigation, the research methodology, and the key results. I also highlight the study's limitations and the ramifications of the findings. Finally, the importance of the research is presented along with an interpretation of the findings.

Summary

The purpose of this quantitative study was (a) to examine the relationship between demographic variables (caseload size, education level, and education type) and EI, coping strategies, and occupational burnout among child protective service caseworkers and (b) to see whether EI and coping strategies predict occupational burnout among child protective service caseworkers. The participants in the study were caseworkers for child protective services employed by the departments of family-based services (FBSS) and conservatorship (CVS). Participants completed an online Qualtrics survey; that data was exported to SPSS. The online Qualtrics survey package included the Consent by Participant for Participation in a Research Study, two qualifying questions (Are you at least 18 years of age? How long have you been working as child protective service caseworker?), and the study measures: a demographic questionnaire, Wong and Law EI Scale (WLEIS), Brief COPE Inventory, and Copenhagen Burnout Inventory. The data analysis revealed a relationship between negative coping skills strategies and caseload size. Additionally, the multiple regression analysis revealed that negative coping skills were significant predictors of occupational burnout among child protective service workers. A description of the research problem, justification for research, and findings of the research are provided in the following section.

The literature review identified an overall lack of empirical research, which has focused on how to recruit staff but not on retaining staff (Griffiths et al., 2017; Griffiths et al.,

2020; Flower et al., 2005). One of the most serious drawbacks of burnout research in child welfare is how little is known about the causes of burnout—that is, the human factors and occupational background that led to burnout and eventual work departure. CPS caseworkers advocate for the most vulnerable and provide critical assistance to family members (Williams, 2018). CPS caseworkers analyze a child’s safety and needs in order to ensure that every need is satisfied (Benbenishty et al., 2015). To manage child abuse and neglect situations and protect the children and families they assist, advocacy is crucial (Williams, 2018). The findings of this study contribute to the body of knowledge regarding coping strategies and EI, particularly the extent to which EI moderates the selection of coping strategies during occupational stress and thus reduces occupational burnout in CPS caseworkers. Investigating occupational burnout among child welfare employees is critical for enhancing workers' well-being, improving services for children and families, and increasing counselors' roles in assisting these workers.

The study looked into the relationship between education level, education type, and caseload size and EI, coping strategies (negative and positive), and occupational burnout. The study further investigated how EI and coping strategies impact occupational burnout. An interpretation of the results can help agencies create continuing education that could target burnout reduction and employee retention by researching the links between EI and coping strategies and occupational burnout (Cherniss et al., 2000, Cherniss et al., 2006). Therefore, this study has multiple implications for social change. Social change may result through programs that decrease burnout among CPS caseworkers, improve employee retention, and improve care for families in need and children in crisis.

These relationships were examined through the following research questions:

RQ1: How are demographic variables (caseload size, education level, and education type) related to EI, coping strategies, and occupational burnout among child protective caseworkers?

RQ2: Do the variables of EI and coping strategies predict occupational burnout among child protective service caseworkers?

This concluding chapter contains an interpretation of the findings, an acknowledgement of the limitations of the study, and recommendations for both business practice and future academic scholarship.

Discussion of the Findings

The findings of the study fall under two major headings, interpretation of RQ1 findings and interpretations of RQ2 findings. Each of these is provided in its own section.

Interpretation of RQ1 Findings

The first research question was: How are demographic variables (caseload size, education level, and education type) related to EI, coping strategies, and occupational burnout among child protective caseworkers? This research question was answered through a MANOVA that revealed a significant effect of EI on negative coping strategies and having large caseloads. Child protective caseworkers with larger caseloads (21 and above) had more negative coping strategies: those with a large caseload had a higher mean of negative coping (2.21) than those with a smaller caseload (1.69). Reduced workload numbers among child welfare caseworkers may avoid exhaustion and reduce the use of negative coping methods. As stated in previous studies, the connection between caseload size, working circumstances, and exhaustion among child welfare caseworker, high caseloads were found to be linked with higher burnout and poor working circumstances. Therefore, reduced caseload sizes, may be an effective approach for preventing burnout and improving working circumstances for child welfare caseworkers (Griffiths et al., 2020). Furthermore, CPS with large caseloads

experience high levels of stress, that leads to negative coping strategies and can lead to a decrease in the level of empathy displayed towards their clients (Doherty et al., 2013; Krasner et al., 2009; Satterfield & Hughes, 2007; Shanafelt et al., 2005). This is concerning because CPS caseworkers deal with emotionally charged situations and are expected to utilize emotions in a way that can impact their ability to work effectively (Ciarrochi et al., 2002).

The findings of the study indicated that CPS caseworkers tend to adopt negative coping strategies such as self-blame and behavioral disengagement. According to Kinniburgh et al. (2015), due to the high levels of stress and mental fatigue they experience at work, child welfare caseworkers may choose self-blame and behavioral disengagement as coping strategies. While Kinniburgh et al. (2015)'s study provides useful insights into the coping strategies used by CPS caseworkers, more research is needed to fully understand the factors that contribute to the use of negative coping strategies such as self-blame and behavioral disengagement. The research discovered that these coping strategies were linked to burnout signs in CPS caseworkers. Caseworkers may use self-blame to feel in control of challenging circumstances, whereas behavioral detachment may be used to mentally separate and shield themselves from the emotional toll of their job.

In summary, this study found that caseworkers with larger caseloads (21 or more cases) tended to use more negative coping strategies to manage their work-related stress than those with smaller caseloads. Therefore, reducing caseload numbers for child welfare caseworkers can help prevent burnout and reduce the use of negative coping methods. Previous studies have found that high caseloads and poor working conditions are linked to higher levels of burnout among CPS caseworkers (Schelbe et al., 2017). Overall, reducing caseloads for child protective caseworkers may be an effective way to improve their working conditions and prevent burnout, which can ultimately benefit the children and families they serve.

Interpretation of RQ2 Findings

The second research question was: Do the variables of EI and coping strategies predict occupational burnout among child protective service caseworkers? This research question was answered through a multiple regression analysis. Negative coping skills were found to be significant predictors of occupational burnout among child protective service workers. Examination of the unstandardized beta found that for every point or unit a student increased in negative coping, the participant increased on burnout by .437 points. This value represents the slope of the line between the predictor variable (negative coping skills) and the dependent variable (occupational burnout). According to the literature review, CPS caseworkers experience stressors such as high caseload, emotional demands, and difficult work settings (Lizano et al., 2014; Schelbe et al., 2017). As a result of these stressors, CPS caseworkers tend to lean on the choosing less effective coping strategies (Schneider et al., 2013). CPS caseworkers who use effective coping techniques may be able to maintain their mental well-being and avoid burnout (Lizano et al., 2014). They may, however, raise their risk of burnout if they use ineffective coping strategies such as self-blame or behavioral disengagement. Understanding and creating effective coping techniques is therefore essential to managing stress and avoiding burnout among CPS caseworkers. Counselor educators can play an important role in assisting CPS caseworkers in developing and implementing healthy coping strategies that will better enable them to deal with the challenges of their job and reduce the risk of burnout.

Additionally, negative coping skills may be used to handle the stress and mental burden of dealing with traumatized or abused families and children. While these coping strategies may provide temporary relief, they can also lead to increased tension and mental fatigue over time, which contributes to burnout (Leiter, 1994; Leiter & Maslach, 1988; Maslach et al., 1981). When child protective service caseworkers are constantly

overburdened due to high caseloads, restricted resources, or difficult working circumstances, they may be more likely to use negative coping skills to cope (Schneider et al., 2013).

Addressing these fundamental problems may aid in the prevention of exhaustion and the reduction of the need for negative coping strategies.

The World Health Organization [WHO] has recommended that healthcare professionals take care of themselves, especially by maintaining healthy lives and seeking informal social support (WHO, 2020). Its recommendations include getting enough sleep and relaxation, eating a good and balanced diet, staying active, and staying in touch with and receiving support from family and friends. The connection between negative coping skills and occupational burnout in CPS caseworkers is complex and multidimensional. However, by tackling these negative coping techniques and underlying workplace stresses, it may be possible to improve worker well-being and efficacy, and ultimately better serve the families and children in their care. As a result, it is critical to study the coping methods of helping professionals throughout the world in order to teach leadership and policymakers how to develop supporting measures.

Limitations of the Study

There were limitations related to the data collection process. Limitations included utilizing an online survey format, the participants' emails not being provided by TXDFPS, and participants' lack of clarity regarding CVS or FBSS status. The survey tool was utilized through an online format, which may have impacted the response rate. The study had 330 responses, but only 177 responses were kept. Nevertheless, I was still able to collect the minimal sample size ($N = 98$). The sample size was primarily attributed to missing responses for individual questions needed for the statistical analysis. Participants who failed to respond to some of the questions were not included for analysis. The "force response" option on

Qualtrics would have resulted in more completed surveys and, most likely, a bigger sample size.

The second limitation was that TXDFPS did not provide emails for existing employees. Creating a wider net to capture more tenured caseworkers may have improved the sample size and captured FBSS and CVS employees. Another potential limitation was the absence of a question asking whether participants were CVS or FBSS workers. This question would have given additional insight into aspects of occupational burnout. The time commitment to the role that a participant expressed may have impacted the responses related to occupational burnout, coping strategies, and EI. Overall, the results of the study create a solid baseline for examining occupational burnout, EI, and coping strategies for child protective case workers.

Contributions and Recommendations for Further Research

The findings of this study serve as the framework for future research, policy, and practice suggestions. Future quantitative research with larger groups of CPS employees and across different states might bolster some of the findings from this quantitative study. In terms of policy and practice, it is anticipated that CPS caseworkers will have an increased number of clients in the wake of the COVID-19 epidemic, as physical distancing measures are being phased out and society is returning to normal (Renov et al., 2021).

In addition, I recommend further research into staff trainings to teach employees how to take better care of themselves and maybe minimize burnout and attrition (Mackie, 2008; Maslach & Jackson, 1981; Zijlmans et al., 2015). Additional research could look into the role of workplace culture, job expectations, and training in molding CPS caseworkers' coping techniques. Such study could result in the creation of evidence-based interventions and policies that support the well-being CPS caseworkers while also improving the standard of services provided to vulnerable children and families. Furthermore, study could look into the

efficacy of interventions aimed at encouraging the use of more positive coping techniques and mitigating the negative impacts of stress and burnout in CPS caseworkers. Further research could look into the efficacy of initiatives aimed at reducing caseworker caseloads and improving workplace support, as well as their possible influence on the adoption of more positive coping strategies. This could provide useful insights into how organizations can encourage employee well-being and enhance the standard of services they provide to their clients. TXDFPS may even consider developing a policy that allocates a certain period during the workday for employees to engage in self-care activities. Reducing burnout among CPS employees through flexible scheduling, mental health assistance, virtual trainings, and social connections are critical steps toward sustaining the CPS workforce (Renov et al., 2022). In conclusion, I have added to the existing literature on counselor training and can help agencies tailor continuing education to reduce burnout and increase staff retention.

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Appendix A: Request for Approval to Conduct Research



Texas Department of
Family and Protective Services

Form K-911-2704
Revised May 2018

REQUEST FOR APPROVAL TO CONDUCT RESEARCH

Purpose: Use this form to request approval from the Texas Department of Family and Protective Services (DFPS) to conduct research involving DFPS client data or contact with DFPS clients or staff.

Directions: Submit this form and supporting documents (such as the institutional review board application and approval, study instruments, surveys, and consent forms) to DFPS at Research.evaluation@dfps.state.tx.us. If DFPS approves the request, DFPS will contact the requester to initiate a memorandum of understanding (MOU) and request a background check authorization, if applicable.

REQUESTER INFORMATION	
Name: Yvette Longoria	Title: Licensed Professional Counselor Supervisor
Email Address: ysolaes@mail.stmarytx.edu	Telephone Number: 915-781-4996
Organization/University: St. Mary's University	
Provide the name and email address of each collaborator (if applicable). Students <i>must</i> include their advisor as a collaborator. Dr. Melanie Harper (mharper@stmarytx.edu)	

RESEARCH INFORMATION
Describe the research purpose. Include the research question and importance. (Please provide a brief summary here and attach additional sheets, if necessary.)
<p>The relationships among emotional intelligence, coping skills, and burnout are not clear for child protective service workers. Investigating the relationships of level of EI and coping strategies to occupational burnout, knowledge about whether EI and coping strategies can decrease occupational burnout can help agencies tailor continuing education that could target burnout reduction and employee retention. The research questions for the study are as follows:</p> <p>RQ1. How are demographic variables (caseload size, education level, and education type) related to EI, coping strategies, and occupational burnout among child protective caseworkers?</p> <p>RQ2. Do the variables of EI and coping strategies predict occupational burnout among child protective service caseworkers?</p>



Describe the research design and analysis plan. (Please provide a brief summary here and attach additional sheets, if necessary.)

To examine the research question number 1, a two-way Analysis of Variance (ANOVA) will be conducted to determine if the mean of the occupational burnout is significantly different between the factor levels of the caseload size (small, medium and large), education level, and education type. The two-way ANOVA is appropriate when the research goals involve is to identify significant differences in a continuous variable between two or more categorical groups.

To further examine research question number 2, correlational relationships and multiple regression analysis between predictor and criterion variables will be analyzed with Statistical Package for Social Sciences (SPSS) in order to investigate the research questions. Using separate correlational analysis and regression analysis will be run to determine the predictor variables, emotional intelligence and coping strategies, to the relationships to the criterion variable, occupational burnout. Statistical relationships between variables will be considered significant at the .05 level. Multiple linear regression analysis will be used in predicting the dependent variable of occupational burnout and the independent variable of EI and coping strategies.

Research Time Frame — Begin Date (must be a future date): 10/01/2021 End Date: 01/01/2022

Describe the support you need from DFPS. Include specific data needs, contact with clients or staff, and other staff resources. (Please provide a brief summary here and attach additional sheets, if necessary.)

I will be contacting staff by email.

Where will you conduct the research? (For example: Travis County; City of Dallas; Region 01; Statewide)

Bexar County

Will the results of the research be published or distributed? Yes No

If so, where will the results be published or distributed? (For example, provide the title of the journal, distribution list, or website.)

Published in the Proquest database

DFPS must review the results of the research before you publish or distribute them. Do you agree to give DFPS ample time to review and provide feedback before publishing or distributing the results? Yes No



Is approval by an institutional review board (IRB) required for this study? Yes No

Date of IRB review:

If the requestor's IRB indicated approval is not needed, attach the IRB determination letter. If IRB approval is needed, attach the complete IRB application. Note: DFPS does not have an IRB and relies on researchers to use their organization's IRB.

FOR USE BY DFPS

APPROVER NAME	APPROVER DATE
Regional Director(s):	
State Office Director(s):	
Management Reporting and Statistics:	
General Counsel:	
Government Relations:	
Associate Commissioner:	
Other (please specify name and DFPS division):	
DFPS Comments:	
DFPS Commissioner:	

Appendix B: Internal Review Board Approval Letter

ST. MARY'S UNIVERSITY



November 19, 2021

Yvette Longoria
Dept. of Counseling
St. Mary's University

DELIVERED BY EMAIL TRANSMISSION

Dear Ms. Longoria:

The IRB has approved the study, Longoria (Harper, adviser), The Relationship Among Emotional Intelligence, Coping Strategies, and Occupational Burnout for Child Protective Service Workers. If research participants have any questions about their rights as a research subject or concerns about this research study please contact the Chair, Institutional Review Board, St. Mary's University at 210-436-3736 or email at IRBCommitteeChair@stmarytx.edu.

Dan Ratliff, Ph.D.
IRB Chair
St. Mary's University

The proposal is determined to meet criteria for exemption under 45 CFR 46.104(d)(2), the use of survey procedures with de-identified, minimal risk data. Exempt research can proceed with an abbreviated consent process in which the subjects are informed of the purpose and duration of the survey, and with no signature necessary for informed consent. The approval stamp must be visible in the information about the study provided to potential subjects.

Exempt research does not require IRB review or renewal for five years (2022). However, IRB requests a closure report when the data collection is completed, or, if active data collection continues, a summary report of the sample size at the May IRB meeting of each academic year.

You may collect data from human subjects according to the approved research protocol. The approval stamp must appear on any Information Form or Informed Consent Form approved by the IRB (jpeg file attached).

ST. MARY'S UNIVERSITY



If, at any time, you make changes to the research protocols that affect human participants, you must file a "Changes to Approved IRB Protocol and/or Unanticipated Problems" form. Changes must be reviewed and approved by IRB before proceeding with data collection.

Good work on an interesting approach to counselor wellness. I look forward to seeing your results.



Dan Ratliff, Ph.D.
IRB Chair

CC: Melanie Harper, PhD, Faculty Sponsor
Priscilla Reyna-Vasquez, PhD, IRB Area Representative
Attachment: IRB Approval Stamp jpeg file

Appendix C: Permission to Use Surveys Wong and Law Emotional Intelligence

Instrument

Mon 12/7/2020

Solares, Yvette;

Kenneth Law (MGT) <mnlaw@cuhk.edu.hk>

Law-Wong-&-Song(2004)-JAP.pdf

93 KB

Wong-&-Law(2002)-Leadership-Quarterly.pdf

191 KB

2 attachments (283 KB)Download allSave all to OneDrive - St. Mary's University

Dear Yvette,

So far as you are using the scale for non-profit making research projects, feel free to use it. Attached are papers reporting the scale items, development and validation. Good luck to your study.

Regards,

C.S. Wong
Dept. of Management
The Chinese University of Hong Kong

From: Solares, Yvette <ysolares@mail.stmarytx.edu>

Sent: Monday, December 7, 2020 1:39 AM

To: Chi Sum Wong (MGT) <wongcs@cuhk.edu.hk>; Kenneth Law (MGT) <mnlaw@cuhk.edu.hk>

Subject: Permission to use WLEIS in Research Study

Hi Dr. Wong and Dr. Law,

My name is Yvette Longoria and I am a doctoral student at St. Mary's University in San Antonio Texas completing a dissertation in Counselor Education and Supervision program. I am writing to ask written permission to use the Wong and Law Emotional Intelligence instrument in my research study. I would like to research the level of EI and ways of coping to occupational burnout among child protective service caseworkers in Texas. My research is being supervised by my professor, Melanie Harper, Ph.D.

I would like to use WLEIS under the following conditions:

- I will use the WLEIS only for my research study and will not sell or use it for any other purposes
- I will include a statement of attribution and copyright on all copies of the instrument. If you have a specific statement of attribution that you would like for me to include, please provide it in your response.
- At your request, I will send a copy of my completed research study to you upon completion of the study and/or provide a hyperlink to the final manuscript

I would like to ensure permission for the following reasons:

1. To reproduce it in my dissertation appendix
2. To be published in the dissertation, the survey will be administered through Qualtric's software

I would also appreciate receiving any copies of supplemental material that will help administer the test and analyze the results:

- (1) the test questionnaire,
- (2) the standard instructions for administering the test
- (3) scoring procedures.

If you do not control the copyright for these materials, I would appreciate any information you can provide concerning the proper person or organization I should contact.

If these are acceptable terms and conditions, please indicate so by replying to me through e-mail at ysolares@mail.stmarytx.edu.

Sincerely,

Yvette Longoria

Appendix D: Permission to Use Surveys Copenhagen Burnout Inventory

Dear Yvette Longoria,

Thanks a lot for your mail. You are hereby granted permission to use the Copenhagen Burnout Inventory for your research on the conditions that you spell out in your mail.

You can find the English version of the CBI and other relevant material on the CBI attached to this mail. And you are, of course, welcome to contact me again in case of questions.

Sincerely yours,

Thomas Clausen

Thomas Clausen (TCL)

Senior Researcher, MSc, PhD

Dear Yvette Longoria,

Thanks a lot for your mail. You are hereby granted permission to use the Copenhagen Burnout Inventory for your research on the conditions that you spell out in your mail.

You can find the English version of the CBI and other relevant material on the CBI attached to this mail.

And you are, of course, welcome to contact me again in case of questions.

Sincerely yours,

Thomas Clausen

Thomas Clausen (TCL)

Senior Researcher, MSc, PhD

Solares, Yvette

Fri 2/12/2021 4:55 PM

To: Thomas Clausen <tcl@nfa.dk>

Hi Dr. Clausen,

My research committee request I ask permission to change the responses from (always, often, sometimes, seldom, never/almost never) by reversing to (never/almost never, seldom, sometimes, often, always) to match the order of likert scales for two other surveys used in my research. This will reduce any confusion in how my participants will respond.

Thank you in advance for all your considerations and your response.

Yvette Longoria

Thomas Clausen <tcl@nfa.dk>

Sat 2/13/2021 7:16 AM Solares, Yvette

Dear Yvette,

That sounds fine to me, no problem.

All the best,

Thomas

Thomas Clausen (TCL)

Senior Researcher, MSc, PhD

Appendix E: Permission to Use Survey The Brief COPE

Kim, Youngmee <ykim@miami.edu>

Fri 2/12/2021 2:36 PM

To:

Solares, Yvette

Dear Yvette,

I apologize for the delayed response. The Brief COPE measure is available for research purposes: no need to seek a permission.

<http://local.psy.miami.edu/faculty/ccarver/CCscales.phtml>

Good luck with your dissertation work!

Youngmee Kim, PhD

Professor, Department of Psychology

University of Miami

Phone: 305-284-5439 (office); 305-812-1611 (mobile)

email: ykim@miami.edu

Website: <https://people.miami.edu/profile/ykim@miami.edu>

Appendix F: Email Invitation to Participate in Research

“The Relationship Among Emotional Intelligence, Coping Strategies, and Occupational Burnout for Child Protective Service Caseworkers”

St. Mary’s University

COVER LETTER FOR PARTICIPATION

IN A RESEARCH PROJECT

Dear Participant,

My name is Yvette Longoria, and I am doctoral candidate in the Counselor Education and Supervision program at St. Mary’s University in SanAntonio, TX. I am kindly requesting your participation in a doctoral research study that I am conducting titled: The Relationship Among Emotional Intelligence, Coping Strategies, and Occupational Burnout in Child Protective Service Caseworkers. The purpose of this research is to assess the any relationship emotional intelligence and coping strategies has with occupational burnout for child protective service caseworkers. Participation is completely voluntary, and you may withdraw from the study at any time. This study is completely anonymous; therefore, it does not require you to provide your name or any other identifying information. There are no known risks to participation beyond those encountered in everyday life. Your responses will remain confidential and anonymous. Data from this research will be kept under lock and key and reported only as a collective combined total of responses. No one other than the researchers will know individual answers to this questionnaire, and the researchers will not know who provided those individual answers. If you elect to participate in the study, you must be 18 years of age or older. The survey will take approximately 25-30 minutes.

Your participation is valuable as the research findings could lead to greater understanding of the relationship among emotional intelligence, coping strategies, and occupational burnout in child protective service caseworkers and be used to improve caseworker expectations and training. Please forward this email by using the BCC function if you know someone who qualifies for the study. If you would like to participate in the study, please click the survey

link:http://stmarys.az1.qualtrics.com/jfe/form/SV_6DuJDSXDavslnP7

If you have any questions or comments about this research, please feel free to contact me (ysolares@stmarytx.edu) or my dissertation advisor, Dr. Melanie Harper (mharper@stmarytx.edu).

ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH PARTICIPANT MAY BE ADDRESSED TO THE ST. MARY'S UNIVERSITY INSTITUTIONAL REVIEW BOARD HUMAN SUBJECTS (210-436-3315). ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT ST. MARY'S UNIVERSITY ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.

Sincerely,

Yvette Longoria MA, LPC
210-850-6482
ysolares@stmarytx.edu

Appendix G: Social Media Research Study Announcement

Greetings Facebook friends!

I am seeking volunteers who have been working for the Department of Family and Protective services as a caseworker for at least one year (and who still work in this capacity) to participate in my doctoral research study that seeks to investigate the relationships among emotional intelligence, coping strategies, and occupational burnout. Data will be obtained from an online survey, and any names participants provide will be stored in a database separate from survey responses. Thus, the researcher will not know or report participant identities.

Participants will have the opportunity to have their names enter in a drawing for one of four \$25 Visa gift cards.

If you meet this qualification and are interested in participating, please click on the link below, and you will be directed to the survey:

http://stmarys.az1.qualtrics.com/jfe/form/SV_6DuJDSXDavslnP7

If you know someone who qualifies for the survey, please forward this information to them. If you have questions about the survey, you can contact me, Yvette Longoria, at (210) 850-6482 or ysolares@stmarytx.edu.

Thanks for your help with this research!

Appendix H: Survey Packet

Dear Participant,

I want to invite you to participate in a quantitative study: The Relationship among Emotional Intelligence, Coping Strategies and Occupational Burnout for Child Protective Service Caseworker.

PURPOSE OF STUDY You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the principal researcher (Yvette Longoria 210-850-6482) if there is anything that is not clear or if you need more information. The purpose of this study is to assess the relationship emotional intelligence and coping strategies has on occupational burnout for child protective service caseworkers.

STUDY PROCEDURES You will first be asked to agree to participate in the study, followed by demographic questions needed to collect information for the study's analysis. It will follow with the Wong and Law Emotional Scale, then the Brief COPE Inventory and the final scale of measurement, Copenhagen Burnout Inventory. The total time to take the survey will take approximately 25-30 minutes. It is necessary to complete the survey in one sitting. If you are need take a break are in interrupted, do not close the program, otherwise you will have to start again at the beginning.

RISKS I do not foresee that you should experience any physical risks because of your participation in this research. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

BENEFITS There will be no direct benefit to you for your participation in this study. However, the information obtained from this study may gain insight into the relationship between emotional intelligence, coping strategies and occupational burnout.

CONFIDENTIALITY Your responses to this survey will be anonymous. Please do not write any identifying information on your survey. Participant information will not be used for other purposed reason other than researching the relationship in emotional intelligence, coping strategies, and occupational burnout. Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning code names/numbers for participants that will be used on all research notes and documents
- Keeping notes and any other identifying participant information in a locked file cabinet in the personal possession of the researcher. Participant data will be kept confidential except in cases

where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk.

COMPENSATION You will have the opportunity to provide your name and email address at the end of the survey if you are interested in being part of the drawing for one of four \$25 gift cards for completing the survey. All information will be securely stored in the password-protected folder.

CONTACT INFORMATION If you have questions at any time about this study, you may contact the principal researcher: Yvette Longoria MA, LPC at (210) 850-6482. You may also contact the faculty advisor for this research study, Melanie Harper, PhD, mharper@stmarytx.edu.

ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH PARTICIPANT MAY BE ADDRESSED TO THE ST. MARY'S UNIVERSITY INSTITUTIONAL REVIEW BOARD HUMAN SUBJECTS (210-436-3315).

VOLUNTARY PARTICIPATION Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher.

CONSENT I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Thank you for your assistance in this important endeavor.

- I agree to participate
- I do not agree to participate

Demographic information

Are you at least 18 years of age?

- Yes
 - No
-

How long have you been working as child protective service caseworker?

- Less than one year
- More than one year

Are you a FBSS worker?

- Yes
- No

Are you a CVS worker?

- Yes
- No

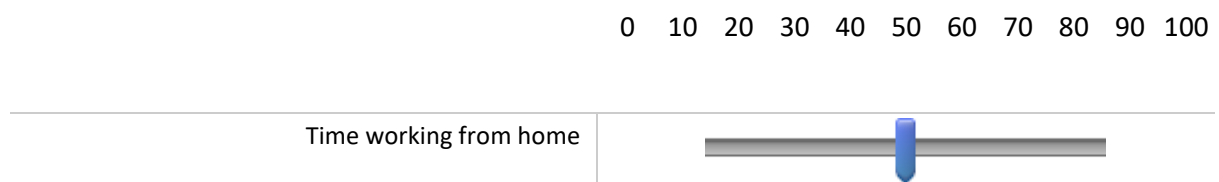
How long have you been working as a FBSS caseworker?



How long have you been working as a CVS caseworker?



How much time do you spend working from home?



How conducive is working from home?

0 1 2 3 4 5 6 7 8 9 10



What is your gender?

- Male
- Female
- Non-binary / third gender
- Prefer not to say

What is your marital status?

- Single
- Married
- Divorced/Separated
- Widow
- Committed relationship

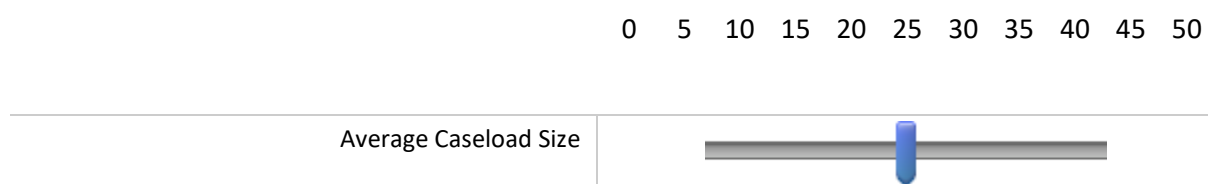
What is your highest education level?

- No education beyond high school
 - Some College
 - Associate's degree
 - Bachelor's degree
 - Master's degree
 - Doctorate degree
-

What was your field of education?

- Social Work
- Psychology
- Counseling
- Marriage and Family Therapy
- Criminal Justice
- Education
- No specialized education
- Other _____

What is your average caseload size?



Part III. Wong and Law EI Scale (WLEIS)

This section of the survey will evaluate emotional intelligence, and is divided into four (self-emotions appraisal, others-emotions appraisal, use of emotions, and regulation of emotion). Please answer the following questions.

1 Totally Disagree (TD)

2 Disagree (D)

3 Somewhat Disagree (SD)

4 Neutral (N)

5 Somewhat Agree (SA)

6 Agree (A)

7 Totally Agree (TA)

Self-emotion appraisal (SEA)

	(TD)	(D)	(SD)	(N)	(SA)	(A)	(TA)
I have a good sense of why I have certain feelings most of the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have good understanding of my own emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I really understand what I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I always know whether or not I am happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Others' emotion appraisal (OEA)

	(TD)	(D)	(SD)	(N)	(SA)	(A)	(TA)
I always know my friends' emotions from their behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am good observer of other's emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am sensitive to the feelings and emotions of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have good understanding of the emotions of people around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use of emotion (UOE)

	(TD)	(D)	(SD)	(N)	(SA)	(A)	(TA)
I always set goals for myself and then try my best to achieve them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I always tell myself I am a competent person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am self-motivated person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would always encourage myself to try my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Regulation of emotion (ROE)

	(TD)	(D)	(SD)	(N)	(SA)	(A)	(TA)
I am able to control my temper and handle difficulties rationally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am quite capable of controlling my own emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can always calm down quickly when I am very angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have good control of my own emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To perform my job well, it is necessary for me to:

	(TD)	(D)	(SD)	(N)	(SA)	(A)	(TA)
I spend most of my work time interacting with people (e.g., customers, colleagues, and other workers in this organization).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend a lot of time with every person whom I work with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hide my actual feelings when acting and speaking with people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can be considerate and think from the point of view of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hide my negative feelings (e.g., anger and depression).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part II. Brief COPE Inventory

Please choose the most fitting response for each statement provided. I've been turning to work or other activities to take my mind off things.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been concentrating my efforts on doing something about the situation I'm in.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been saying to myself "this isn't real."

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been using alcohol or other drugs to make myself feel better.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been getting emotional support from others.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been giving up trying to deal with it.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been taking action to try to make the situation better.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been refusing to believe that it has happened.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been saying things to let my unpleasant feelings escape.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been getting help and advice from other people.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been using alcohol or other drugs to help me get through it.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been trying to see it in a different light, to make it seem more positive.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been criticizing myself.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been trying to come up with a strategy about what to do.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been getting comfort and understanding from someone.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been giving up the attempt to cope.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been looking for something good in what is happening.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been making jokes about it.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been accepting the reality of the fact that it has happened.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been expressing my negative feelings.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been trying to find comfort in my religion or spiritual beliefs.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been trying to get advice or help from other people about what to do.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been learning to live with it.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been thinking hard about what steps to take.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been blaming myself for things that happened.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been praying or meditating.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

I've been making fun of the situation.

- I haven't been doing this at all
- I've been doing this a little bit
- I've been doing a medium amount
- I've been doing this a lot

Part IV. Copenhagen Burnout Inventory

Please note that the term "client" refers to any person you have contact with during your working hours. Mark the response that best reflects your opinion, using the following scale.

1. Never or to a very low degree
2. Seldom or to a low degree
3. Sometimes or Somewhat
4. Often or to a high degree
5. Always or to a very high degree

Personal Burnout

	1	2	3	4	5
How often do you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often are you physically exhausted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often are you emotionally exhausted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you think: "I can't take it anymore"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel weak and susceptible to illness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Work-related Burnout

	1	2	3	4	5
Do you feel worn out at the end of the working day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you exhausted in the morning at the thought of another day at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that every working hour is tiring for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have enough energy for family and friends during leisure time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your work emotionally exhausting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your work frustrate you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel burnt out because of your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Client related Burnout	1	2	3	4	5
Do you find it hard to work with clients (or co-workers, students, trainees, pupils, or any other work-related?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does it drain your energy to work with clients (or coworkers, students, trainees, pupils, or any other work related persons)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you find it frustrating to work with clients (or coworkers, students, trainees, pupils, or any other work related persons)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that you give more than you get back when you work with clients (or co-workers, students, trainees, pupils, or any other work-related persons)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you tired of working with clients (or co-workers, students, trainees, pupils, or any other work-related persons)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you sometimes wonder how long you will be able to continue working with clients (or co-workers, students, trainees, pupils, or any other work-related persons)?



Appendix I: Scoring Instruments Wong and Law Emotional Intelligence Scale

Self-emotion appraisal (SEA)

1. I have a good sense of why I have certain feelings most of the time.
2. I have good understanding of my own emotions.
3. I really understand what I feel.
4. I always know whether or not I am happy.

Others' emotion appraisal (OEA)

5. I always know my friends' emotions from their behavior.
6. I am a good observer of others' emotions.
7. I am sensitive to the feelings and emotions of others.
8. I have good understanding of the emotions of people around me.

Use of emotion (UOE)

9. I always set goals for myself and then try my best to achieve them.
11. I am a self-motivated person.
12. I would always encourage myself to try my best.

Regulation of emotion (ROE)

13. I am able to control my temper and handle difficulties rationally.
14. I am quite capable of controlling my own emotions.
15. I can always calm down quickly when I am very angry.
16. I have good control of my own emotions.

To perform my job well, it is necessary for me to:

1. spend most of my work time interacting with people (e.g., customers, colleagues, and other workers in this organization).
2. spend a lot of time with every person whom I work with.
3. hide my actual feelings when acting and speaking with people.
4. be considerate and think from the point of view of others.
5. hide my negative feelings (e.g., anger and depression).

Appendix J: Scoring Instruments Copenhagen Burnout Inventory

Copenhagen Burnout Inventory

NB: The questions of the CBI should *not* be printed in the questionnaire in the same order as shown here. In fact, the questions could very well be mixed with questions on other topics. This is recommended in order to avoid stereotyped response patterns.

Part one: Personal burnout. (First edition. February 2004)

Definition: Personal burnout is a state of prolonged physical and psychological exhaustion.

Questions:

How often do you feel tired?

How often are you physically exhausted?

How often are you emotionally exhausted?

How often do you think: "I can't take it anymore"?

How often do you feel worn out?

How often do you feel weak and susceptible to illness?

Response categories: Always, Often, Sometimes, Seldom, Never/almost never.

Scoring: Always: 100. Often: 75. Sometimes: 50. Seldom: 25. Never/almost never: 0. Total score on the scale is the average of the scores on the items.

If less than three questions have been answered, the respondent is classified as non-responder.

Part two: Work burnout. (First edition. February 2004)

Definition: Work burnout is a state of prolonged physical and psychological exhaustion, which is

perceived as related to the person's work. Questions:

Is your work emotionally exhausting?

Do you feel burnt out because of your work?

Does your work frustrate you?

Do you feel worn out at the end of the working day?

Are you exhausted in the morning at the thought of another day at work?

Do you feel that every working hour is tiring for you?

Do you have enough energy for family and friends during leisure time?

Response categories:

Three first questions: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree.

Last four questions: Always, Often, Sometimes, Seldom, Never/almost never. (Reversed score for last question).

Scoring as for the first scale. If less than four questions have been answered, the respondent is classified as

non-responder.

Part three: Client burnout. (First edition. February 2004)

Definition: Client burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work with clients*.

***Clients can be: patients, students, children, inmates, or other kinds of recipients.**

Do you find it hard to work with clients?

Do you find it frustrating to work with clients?

Does it drain your energy to work with clients?

Do you feel that you give more than you get back when you work with clients?

Are you tired of working with clients?

Do you sometimes wonder how long you will be able to continue working with clients?

Response categories:

The four first questions: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree.

The two last questions: Always, Often, Sometimes, Seldom, Never/almost never.

Scoring as for the first two scales. If less than three questions have been answered, the respondent is classified as non-responder.

NB: In these questions one should use the appropriate term for "clients" depending on the circumstances. E.g., in a questionnaire for nurses, the term patients should be used, while the term children or students should be used in a study of teachers' burnout.

Appendix K: Scoring Instruments The Brief COPE

Brief COPE

The items below are an abbreviated version of the COPE Inventory. We have used it in research with breast cancer patients, with a community sample recovering from Hurricane Andrew, and with other samples as well. The citation for the article reporting the development of the Brief COPE, which includes information about factor structure and internal reliability from the hurricane sample is below. The Brief COPE has also been translated into several other languages, which have been published separately by other researchers (see below).

We created the shorter item set partly because earlier patient samples became impatient at responding to the full instrument (both because of the length and redundancy of the full instrument and because of the overall time burden of the assessment protocol). In choosing which items to retain for this version (which has only 2 items per scale), we were guided by strong loadings from previous factor analyses, and by item clarity and meaningfulness to the patients in a previous study. In creating the reduced item set, we also "tuned" some of the scales somewhat (largely because some of the original scales had dual focuses) and omitted scales that had not appeared to be important among breast cancer patients. In this way the positive reinterpretation and growth scale became positive reframing (no growth); focus on and venting of emotions became venting (focusing was too tied to the experiencing of the emotion, and we decided it was venting we were really interested in); mental disengagement became self-distraction (with a slight expansion of mentioned means of self-distraction). We also added one scale that was not part of the original inventory--a 2-item measure of self-blame--because this response has been important in some earlier work.

You are welcome to use all scales of the Brief COPE, or to choose selected scales for use. Feel free as well to adapt the language for whatever time scale you are interested in.

Citation: Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92-100. [[abstract](#)]

Following is the BRIEF COPE as we are now administering it, with the instructional orientation for a presurgery interview (the first time the COPE is given in this particular study). Please feel free to adapt the instructions as needed for your application.

Scales are computed as follows (with no reversals of coding):

Self-distraction, items 1 and 19

Active coping, items 2 and 7

Denial, items 3 and 8

Substance use, items 4 and 11

Use of emotional support, items 5 and 15

Use of instrumental support, items 10 and 23

Behavioral disengagement, items 6 and 16

Venting, items 9 and 21

Positive reframing, items 12 and 17

Planning, items 14 and 25

Humor, items 18 and 28

Acceptance, items 20 and 24

Religion, items 22 and 27

Self-blame, items 13 and 26

I have had many questions about combining scales into "problem focused" and "emotion focused" aggregates, or into an "overall" coping index. I have never done that in my own use of the scales. There is no such thing as an "overall" score on this measure, and I recommend no particular way of generating a dominant coping style for a give person. Please do NOT write to me asking for instructions to for "adaptive" and "maladaptive" composites, because I do not have any such instructions. I generally look at each scale separately to see what its relation is to other variables. An alternative is to create second-order factors from among the scales (see the 1989 article) and using the factors as predictors. If you decide to do that, I recommend that you use your own data to determine the composition of the higher-order factors. Different samples exhibit different patterns of relations.

If you can not figure out from these instructions how to examine your data, please consult with your own statistical person rather than sending me questions.

Curriculum Vitae

Yvette Longoria, MA, LPC-S

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San Antonio, Texas 78229 210-850-6482

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EDUCATION

University of Texas at El Paso- August 2002 to May 2007. BA in psychology and minor in Criminal Justice, Courses in advanced statistics, psychobiology, abnormal psychology, advanced abnormal psychology, behavioral modification, cognitive psychology, learning and memory, human sexuality psychology, statistics, and research and methods. This major is designed to be an applied degree, which teaches the basis of psychology, research methods and statistics.

GRADUATE SCHOOL

University of Texas at San Antonio- August 2008 to December 12, 2011. I received my Masters in Counseling. The clinical studies programs have requirements based on the type and level of professional functioning appropriate to the individual degrees. Clinical competencies are required; curriculum included one practicum and two internships in addition to once a week meeting with a qualified supervisor.

St. Mary's University- May 2011- Present. In the process of attaining a PhD in Counseling Education and Supervision with a concentration in Neurofeedback, the program is accredited by the Council for Accreditation of Counseling and Related Educational Programs. The primary purpose of the doctoral program in counselor education and supervision is to prepare counselor educators to provide therapeutic service to others in the community as well as become successful educators. Dissertation Title: The Relationship Among Emotional Intelligence, Coping Strategies, and Occupational Burnout for Child Protective Service Workers

Employment History

Nueva Vida Associates

5/29/2011- Present

Licensed Professional Counselor

San Antonio, TX

Counseling with emphasis on prevention, working with individuals and groups to promote optimum mental health.

Helping individuals deal with addictions and substance abuse; family, parenting, and marital problems; suicide; stress management; problems with self-esteem; and issues associated with aging and mental and emotional health.

Maintaining confidentiality of records relating to client treatment.

Encouraging clients to express their feelings and discuss what is happening in their lives, and help them develop insight into themselves and their relationships.

Strategy of Life Counseling

6/30/2014- Present

Private Practice

Licensed Professional Counselor

San Antonio, TX

Actively working with the Texas Department of Family and Protective Services through a state contract.

Guiding clients in the development of skills and strategies for dealing with their problems.

Preparing and maintaining all required treatment records and reports.

Counseling clients and patients, individually to assist in overcoming dependencies, adjusting to life, and making changes.

Collecting information about clients through interviews, observation, and tests.

Acting as client advocate in order to coordinate required services or to resolve emergency problems in crisis situations.

Center for Health Care Services

03/15/10-4/1/2015

Qualified Mental Health Professional

Licensed Professional Counselor

San Antonio, TX

Conduct clinical assessments to determine the mental health needs of clients.

Develop and implement treatment plans based on the needs of individual clients.

Provide counseling and therapy to clients, using evidence-based practices and approaches.

Collaborate with other mental health professionals, including psychiatrists, social workers, and case managers, to ensure that clients receive comprehensive care.

Maintain accurate and timely documentation of all activities related to client care.

Provide crisis intervention services as necessary.

Participate in continuing education and professional development activities to maintain and enhance clinical skills.

Family and Protective Services

8/8/08-01/05/2009

Case Worker II-Night unit Investigator

San Antonio, TX

Conducted investigations into reports of child abuse and neglect received during the night shift.

Ensure that appropriate steps are taken to protect children from further harm and provide support to families as necessary.

Collaborate with law enforcement, community partners, and other agency staff to coordinate investigations and ensure the safety of children.

Provide accurate and timely documentation of all activities related to investigations, including completing necessary forms and reports.

Participate in court hearings as necessary and provide testimony when required.

Work effectively with diverse populations, including families, children, and other professionals.

5/2007-8/2008

Sunwest Behavioral

ACT- Rehabilitation Specialist QMHP

El Paso, TX

Provide a comprehensive range of rehabilitation and recovery services to individuals with serious mental illness.

Work as part of a multidisciplinary team to provide coordinated care to clients in the community.

Provide assessments, treatment planning, and implementation of services to support clients in achieving their goals.

Support clients in accessing community resources and building social networks.

Develop and maintain positive relationships with community partners and providers.

Provide crisis intervention services as necessary.

Maintain accurate and timely documentation of all activities related to client care.

Teaching Experience

TA- Graduate Counseling Course

August 2012- December 2012 (Fall Quarter)

Introduction to Counseling University of St. Mary's

San Antonio, TX

Assist the instructor in preparing and delivering lectures, discussion sessions, and other course materials.

Provide guidance and support to students who have questions or need help with coursework.

Assist with grading assignments and providing feedback to students.

Help maintain a positive and inclusive learning environment for all students.

Assist with managing course materials, such as textbooks and handouts.

Attend meetings with the instructor to discuss course planning and student progress.

TA- Graduate Counseling Course

January 2013- May 2013 (Spring Quarter 2013)

Crisis Intervention

University of St. Mary's

San Antonio, TX

Assist the instructor in preparing and delivering lectures, discussion sessions, and other course materials related to crisis intervention.

Provide guidance and support to students who have questions or need help with coursework.

Assist with grading assignments and providing feedback to students.

Help maintain a positive and inclusive learning environment for all students.

Assist with managing course materials, such as textbooks and handouts.

Attend meetings with the instructor to discuss course planning and student progress.

Presentations and Posters

Taubert, C. (2010). The developmental process of the therapist: Sitting with despair; holding on to hope Gestalt Journal of Australia and New Zealand.

Association for Adult Development and Aging (2013)

50 minute presentation "The Shame Dialogues: Saying Hello to Men's Shame"

Research and Training

Worked on a CACREP group research project in Advanced Research

A Study of Student Outcomes Assessment at St. Mary's University for Council for Accreditation of Counseling and Related Educational Programs (CACREP) Accredited Programs in the Department of Counseling

Abstract

In the study we attempted to assess, through surveys, CACREP in order to evaluate the doctoral and master counseling programs of St. Mary's University. Program alumni from St. Mary's University, currently enrolled, and part time and full time students will be asked to participate. Objectives have been developed in accordance with the pertinent professional organization, Counsel for Accreditation of Counseling and Related Educational Programs (CACREP). An official report that documents outcomes of the comprehensive program evaluation shall be prepared. The program will assess each students' and alumni's progress throughout the program and post-graduation, including consideration of the student's academic performance, professional and personal development. CACREP goal of program excellence requires that accredited programs be assessed for the program's quality and its continual enhancement through compliance with the CACREP standards. According to CACREP standards (CACREP, 2009) their philosophy of program excellence is their fundamental goal in order to sustain the level of distinction in the professionals that graduated from a CACREP accredited program.