PERCEPTIONS OF LIFE SATISFACTION
OF COMMUNITY MENTAL HEALTH PROFESSIONALS

A Project

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by

Jessica Rice

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Jessica Rice

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Division of Social Work
Abstract

of

PERCEPTIONS OF LIFE SATISFACTION
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It was hypothesized in the present study that perceptions of life satisfaction of mental health professionals would be related to the respondent’s years working in mental health, years working in current position, educational background, and self-reported likelihood of continuing with the agency for longer than 5 years. Respondents were recruited from Turning Point Community Programs agency in Sacramento California. There were 33 respondents in this study. No significant correlations related to the original hypotheses were identified.

__________________________, Committee Chair
Dr. Serge Lee

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Date
# TABLE OF CONTENTS

List of Tables..................................................................................................................vii

Chapter

1. INTRODUCTION.............................................................................................................1
   Background of the Problem............................................................................................1
   Statement of the Problem ............................................................................................3
   Purpose of the Study ..................................................................................................4
   Theoretical Framework ..............................................................................................4
   Definition of Terms ..................................................................................................5
   Assumptions ...............................................................................................................7
   Justification...............................................................................................................8
   Limitations..............................................................................................................8

2. REVIEW OF THE LITERATURE .........................................................................................9
   Influences on Satisfaction ..........................................................................................9
   Life Satisfaction .........................................................................................................13
   Job Satisfaction ..........................................................................................................17
   Work-Life Balance ...................................................................................................32

3. METHODS .......................................................................................................................36
   Study Objectives .......................................................................................................36
   Study Design..............................................................................................................37
   Sampling Procedures ...............................................................................................37
   Data Collection Procedures ....................................................................................38
Instruments .............................................................................................................39
Data Analysis Approaches ..................................................................................40
Protection of Human Subjects ............................................................................40

4. STUDY FINDINGS AND DISCUSSION ..........................................................42
   Overall Findings ...............................................................................................42
   Specific Findings ..............................................................................................45
   Interpretation of the Findings ..........................................................................49
   Summary ............................................................................................................50

5. CONCLUSION, SUMMARY, AND RECOMMENDATIONS ..............................52
   Summary of the Study .......................................................................................52
   Implications for Social Work ............................................................................54
   Recommendations for Future Research ..........................................................55
   Study Limitations .............................................................................................57
   Conclusion .........................................................................................................58

Appendix A. Institutional Review Board Approval Letter ....................................59
Appendix B. Turning Point Community Programs Permission Letter ..................60
Appendix C. Demographic Survey ......................................................................61
Appendix D. Perception of Life Satisfaction Survey ............................................63
References ............................................................................................................65
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Tables</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gender of the Respondents</td>
<td>42</td>
</tr>
<tr>
<td>2. Ethnicity of the Respondents</td>
<td>42</td>
</tr>
<tr>
<td>3. Highest Degree obtained by the Respondents</td>
<td>43</td>
</tr>
<tr>
<td>4. Likelihood of Continuing Employment at Agency</td>
<td>44</td>
</tr>
<tr>
<td>6. Correlation Matrix of Perception of Life Satisfaction and Likelihood of Continuing Employment</td>
<td>46</td>
</tr>
<tr>
<td>7. Correlation Matrix of Perception of Life Satisfaction and Highest Degree obtained by the Respondents</td>
<td>47</td>
</tr>
<tr>
<td>8. Correlation Matrix of Individual Perception of Life Satisfaction Statements</td>
<td>48</td>
</tr>
</tbody>
</table>
Chapter 1

INTRODUCTION

Social workers are susceptible to mental health issues that could lead to the development of burnout symptoms and traumatic stress (Musa, 2009). There is little doubt that social workers practice under stressful conditions (Jayaratne & Chess, 1984). Social service agency employees provide important, sometimes critical, services to enhance the well-being and quality of life of their clients. Many of these employees face significant work related stress from sources such as high caseloads, relatively low salaries, some angry nonvoluntary clients, and frequent exposure to painful life experiences through the stories of their clients (Pasupuleti, et. al., 2009). Social workers in the mental health field suffered greater stress and burnout following the introduction of case management attributed to high workloads, role conflict and ambiguity, professional self-doubt, and relationships with supervisors (Bogo et. al., 2011).

Background of the Problem

Through the dynamic body of up to date empirical research on job satisfaction, the problem is becoming better defined and better understood. Burnout has been identified as a significant component to job satisfaction and is characterized as the loss of enthusiasm, excitement, and the sense of mission in one’s work (Musa, 2009). These characteristics of burnout can result in psychological and physical strain including fatigue, headaches, sleep disorders, low quality of patient care, job turnover, and absenteeism (Hamaideh, 2011). Burnout is common among social workers, especially
when the day-to-day demands of their jobs become overwhelming and uncontrollable. Many factors have been associated with job burnout in the mental health field including job satisfaction, availability of social support, various aspects of patient care (caseloads), various aspects of the work environment (staffing and wages), and the level of stress (Hamaideh, 2011). Another major cause of burnout for social workers has been attributed to the emotionally demanding interpersonal relationships of professional caregivers with their clients (Acker, 1999).

Community mental health workers see clients daily and are susceptible to all the potential stresses of worker-client interactions (Jayaratne & Chess, 1984). A job can become an avenue of self-fulfillment for many and a part of one’s sense of self. A person’s dissatisfaction with work may strike at their core being, causing them to enjoy life less. When social workers are dissatisfied with their jobs, one factor influencing the decline in life satisfaction may be a sense that they have failed in their commitment to society (Pasupuleti, et. al., 2009). Social workers live by a comprehensive code of ethics that has the potential of creating role ambiguities and boundary issues. These potential conflicts can become unbearable for social workers who lack a supportive work environment.

Stressful job conditions and lowered job satisfaction have been shown through empirical research to be related to high turnover rates. Social support, in terms of social relationships and emotional and behavioral interactions, seems to be a substantial influence in individual perceptions of their satisfaction with their employment.
(Hamaideh, 2011). Adequate and available social support has been found to improve employee well-being, decrease levels of stress and burnout that are associated with the work environment, and enhance job satisfaction. All these factors are also influential in turnover rates and an employees’ self-reported likelihood of seeking alternative employment. Some researchers argue that a positive perception of organizational support increases employee commitment through noticing and rewarding individual efforts (Gellis, Kim, & Hwang, 2004).

**Statement of the Research Problem**

Social workers working in community based mental health organizations are seen through empirical research to be more susceptible to compassion fatigue, burnout, and lower job and life satisfaction under certain conditions. These factors are problematic for many mental health professionals. Research also suggests that these factors along with others can create mental health challenges as well as create higher instances of employees looking for alternative work. Developing programs and interventions to increase job satisfaction could influence employee turnover rates as well as employee life satisfaction and mental health. Increasing the job satisfaction and overall life satisfaction of community mental health service providers has the potential to improve patient care, work atmosphere, and employee retention among several other positive factors according to current research.
Purpose of the Study

As new social workers near the end of their education, the anticipation of finding a job they will enjoy and be successful at can bring on anxiety and stress. Given the wide variety of empirical research on the connections between life satisfaction, burnout, turnover, the social services profession it become vitally important to be well informed on the occupational stresses and potential outcomes of various employment options. The primary purpose of this study was to explore the connection between perceptions of life satisfaction and the community based mental health services sector of the social work profession in an attempt to better understand how occupational stressors in the mental health field impact an individual’s perceptions of life satisfaction. The secondary purpose of this research study was to better understand the connection between employee turnover rates and perceptions of life satisfaction.

Theoretical Framework. The wellness perspective recognizes the extremely strong relationship between body, mind, and environment on health and wellness (Schriver, 2011). Overall health and wellness is influenced by physical, mental, spiritual, and social well-being of the individual. The wellness perspective also recognizes that the development of wellness is an ongoing and life-long process where the quality of life, rather than the length of life, is the primary concern. The state of wellness extends to the relationships between the individual and his or her family, as well as other interpersonal connections in their physical environment, their community and the larger society.
This perspective is especially useful when viewing the life satisfaction of community mental health professionals who balance their time between personal relationships and relationships with the mental health community. A stress or dissatisfaction in one area of an individual’s life will inevitably impact the wellness and health in other areas.

Spillover Theory (Pasupuleti, et.al., 2009), is another helpful theory in the study of life satisfaction. Work is a critical area of most adults’ lives and therefore the work environment has a direct impact on a worker’s life satisfaction. According to the spillover theory, if a work environment is fulfilling and enjoyable, the direct result is higher life satisfaction for the worker in other areas of their life. Low levels of life satisfaction can have adverse effects, such as lower self-esteem and increased pessimism, on the health and well-being of employees. Ultimately, a decrease of job satisfaction will lead to a decrease in life satisfaction under the spillover theory.

**Definition of Terms**

*Life Satisfaction*. Life satisfaction is often considered the cognitive component of subjective well-being. Components of life satisfaction include financial satisfaction, job satisfaction, satisfaction with one’s health, and satisfaction with one’s marriage and family life (Ozmete, 2011). Although definitions of life satisfaction vary, there have been seven domains identified as contributing to quality of life including material well-being, health, productivity, intimacy, safety, community, and emotional well-being. There is empirical support for the idea that if one measures overall life satisfaction (i.e. happiness
or overall well-being), rather than solely job satisfaction, there is likely to be a stronger relationship with job performance (Jones & College, 2006).

*Job Satisfaction.* Job satisfaction is best understood as a discrepancy between how much a person wants or expects from a job and how much that person actually receives (Hamaideh, 2011). If a person’s job expectations are met, they are more likely to be satisfied; if their expectations are not met, they are more likely to be dissatisfied and experience adverse working conditions. Job satisfaction has been found through empirical research to be related to stress and burnout, organizational commitment, communication with supervisors and coworkers, autonomy, recognition, age, years of experience, education, social support, work load, role ambiguity, depression, and hostility. Several factors have been identified to increase job satisfaction including social support and availability of clinical supervision (2011).

*Work-family conflict.* Work-family conflict is defined as a type of inter-role conflict that occurs when the demands or responsibilities of one domain are incompatible in some way with those of the other domain (Rupert, et.al., 2012). Work demands may interfere with family life, and family demands may interfere with work life which makes the conflict bidirectional. Work-family conflict is predicted by work domain factors such as long work hours, job stress, schedule inflexibility, whereas family-work conflict is predicted by family domain factors such as family or marital stress and family responsibilities. Both directions of this conflict have been consistently related to negative outcomes, including decreased job, family, and life satisfaction (2012).
**Work-life balance.** ‘Balance’ is seen as finding a state of equilibrium, and intermediate position or compromise (Fouche & Martindale, 2011). The action to weigh out alternatives is perceived and communicated as the ‘ideal state’. For the purposes of this concept, ‘work’ is regarded as labor or employment associated with an economically active population. ‘Life’ indicates the course of existence of an individual, a mode of living, characterized through social life, city life, political life, and work life. Through the implementation of work-life balance polices, organizations can ensure that employees deliver the best possible input while also meeting family, work, and community responsibilities. Work-life balance initiatives are seen as having the potential to be a win-win for both individuals and organizations (2011).

*Community based mental health service providers.* For the purposes of this study, a community based mental health service provider will be an individual working for an organization funded by federal, state, county, or Mental Health Service Act funding where services are provided to underprivileged or disadvantaged mentally ill populations in their community.

**Assumptions**

For the primary purposes of this study, there is an assumption that social workers serving the mentally ill populations in their community are subjected to high levels of stress and potential job or life dissatisfaction related to large caseloads and other factors detailed in the research. Another assumption held for this study is that social workers who have lower life satisfaction are more likely to consider alternative job placements,
creating higher turnover rates in social service agencies and disruptions in the quality of care for the clients.

**Justification**

Exploring the life satisfaction of mental health service providers working for community based mental health organizations is important for many reasons. Many empirical studies have discovered a connection between how satisfied a worker is with their job and how likely they are to continue working for that organization, indicating that job satisfaction has an impact on turnover rates. Having satisfied and fulfilled employees is beneficial to not only the organization, but also the community that they serve.

Through a review of the literature on life satisfaction, it is clear that a significant amount of research has been conducted on related fields such as psychiatric nursing, psychology, and criminal justice, and far fewer studies on social workers and other community mental health service providers such as case managers and task supervisors.

**Limitations**

This study relied on the participation of community mental health providers through an electronic survey. One limitation to this study was that based on the known high work loads of these professionals, receiving enough electronic surveys to accurately and thoroughly measure perceptions of life satisfaction was be challenging. This study surveyed a smaller geographic distribution of mental health professionals and could be argued to not have captured all the dynamic differences seen between mental health professionals.
Chapter 2

REVIEW OF THE LITERATURE

The social work profession has historically been acclaimed for its collaboration with other disciplines such as nursing, psychology, criminal justice, and occupational therapy. It comes as no surprise that a significant amount of the empirical literature in the areas of life satisfaction and mental health crosses over these interconnected professions. This review of literature includes studies from related social service disciplines as well as covers factors associated with life satisfaction, such as job satisfaction, burnout, work-life balance, and turnover in the mental health sector. For the purposes of organization and clarity, this review of relevant empirical literature is outlined in sections of influences on satisfaction, life satisfaction, job satisfaction, and work-life balance.

Influences on Satisfaction

Life satisfaction, often considered an index of quality of life, is influenced most by satisfaction with five domains of life: family, health, community, work, and spare-time activities. Brief and Hollenbeck (1985) conducted a study on the relationship between satisfaction with the work domain (job satisfaction) and overall life satisfaction. These two researchers wanted to determine if the relationship between job and life satisfaction was greater for individuals occupying jobs of greater complexity and employed in occupations of higher status than individuals in less complex and lower status jobs. Data was collected from a national survey in Holland consisting of structured interviews from individuals working full-time. These respondents were interviewed on
their job satisfaction, job complexity, occupational status, and life satisfaction. Job complexity was operationalized by complexity in dealing with people, dealing with data or information, amount of general education needed to perform a particular job, and the amount of specific vocational preparation required for a given job.

Results of Brief and Hollenbeck’s (1985) survey showed that there was a significant correlation between job complexity and occupational status. For example, they found a statistically significant interaction between job satisfaction and socioeconomic status in predicting life satisfaction ($p<.05$). The researchers explain that it appears that the integration of work into one’s total life is contingent upon the technical and social organization of the work performed. Weighing out the domains of life satisfaction will be different for each individual, but it appears that predicting job satisfaction could have meaningful influences on life satisfaction. In their conclusion, the two researchers summarized their findings by stating there is a strong relationship between life and job satisfaction and that it may be predicted by how individuals view their work domain and the value they place on it. These values may also change with time and personal transformation and should always be considered when evaluating life satisfaction.

Life transitions are times of challenge and growth, and the transition from university to work is a prime example. Haase, Heckhausen, and Silbereisen (2012) conducted a 4-wave longitudinal study examining the interplay between occupational motivation and well-being during the transition from university education to work. Participants were administered online surveys at graduation (wave 1), 4 months (wave 2),
8 months (wave 3), and 12 months (wave 4) after graduation. The sample for this study consisted of 523 German university graduates from four selected majors (medicine n=234, psychology n= 79, architecture n= 44, humanities n= 166). These researchers emphasized that employment opportunities in Germany are more favorable for graduates in medicine and psychology, and less favorable for graduates in architecture and humanities. Surveys measured motivation (occupational engagement and occupational disengagement) and well-being (life satisfaction and satisfaction with partnership) of the graduates.

Results of this study suggest that goal disengagement is negatively associated with satisfaction with work, autonomy, and purpose in life and positively associated with depressive symptoms. Also, goal disengagement at graduation was associated with an increase in satisfaction with work and was associated with a decrease in satisfaction with partnership. Researchers suggest that increases in goal disengagement are associated with decreases in positive relations with others; purpose in life, but when employment opportunities were favorable had positive effect. Goal engagement at graduation was associated with a decrease in autonomy and, for individuals with unfavorable employment opportunities had an increase in depressive symptoms. Occupational goal engagement was associated with increases in numerous aspects of well-being (i.e., satisfaction with life, purpose in life, positive relations with others). In contrast, increases in occupational goal disengagement were associated with decreases in numerous aspects of well-being. Engaging in occupational goals was seen in this study to be broadly
adaptive for the transition from university to work. Haase and colleagues (2012) findings extend Brief and Hellenbeck’s research in this field and show that occupational motivation is linked to both subjective and psychological well-being including feelings of satisfaction, happiness, and perceived purpose in life.

Another research study conducted on the influences of job satisfaction on life satisfaction was conducted in 2006 by Jones. In this research study, Jones investigated the possible explanations, including operationalizations of life and job satisfaction, on job performance variables. Understanding how job and life satisfaction are related to job performance is particularly important to the field of industrial/organizational psychology and there appears to be little consensus in current empirical research on the reciprocal relationships between these factors. This researcher emphasizes in the review of previous studies that there is empirical support for the idea that if one measures overall life satisfaction (i.e. happiness or overall well-being), rather than solely job satisfaction, there is likely to be a stronger relationship with job performance.

There were 109 respondent surveys completed and returned from students and 95 from supervisors. Among the 109 student respondents, 39 reported having full-time employment and 37 reported having part-time employment; 28.8% of these respondents worked from a large organization, 21.3% worked for a medium or small business, and 17.5% indicated they work for an educational institution. Respondents were surveyed on their level of job satisfaction, life satisfaction, and job performance. The job performance survey consisted of questions measuring organizational citizenship behavior, in-role job
performance, work facilitation, goal emphasis, support, team building, and combined job performance.

Jones (2006) found that there was a stronger correlation between life satisfaction and in-role job performance ($p = .013$) than between job satisfaction and in-role job performance ($p = .225$). Additionally, there was a stronger correlation between life satisfaction and organizational citizenship behavior ($p = .25$) than between job satisfaction and organizational citizenship behavior ($p = .526$). The statistically significant results from this study show that life satisfaction significantly contributed to the prediction of organizational citizenship behavior and in-role performance above and beyond the contributions of job satisfaction and organizational commitment. Jones suggests that employees who are happy with their lives tend to be more productive in the workplace, both in terms of in-role and extra-role performance. This study contributes valuable insight towards an overall understanding of the dynamic life satisfaction-job performance relationship.

**Life Satisfaction**

Life satisfaction is the cognitive component of subjective well-being and plays an important role in positive perception as an indicator, a predictor, a mediator, and an outcome. Ozmete (2011) evaluated the life satisfaction as a cognitive component of subjective well-being among a sample of 108 women and men. The aim of this study was to identify the life satisfaction as perceived by women and men using several Likert life satisfaction scales. The effect of gender on perceptions of life satisfaction showed some
significant results. Results from this study indicate, men perceived their lives as being more satisfying compared to women ($p < .01$). Men also felt better about their future ($p < .01$), and perceived that they are more fulfilled and more satisfied with their life compared to women ($p < .05$). Ozmete determined that men have a greater sense of well-being about the direction in which their life is headed ($p < .05$), and they felt more of a sense of harmony within themselves compared to women ($p < .05$).

These results are congruent with previous research in the area of gender differences and life satisfaction where men are consistently found to have greater life satisfaction in multiple facets. Due to the importance of gender differences, the working status of men and women, and working and non-working groups of men and women, these findings should not be applied as universally true. The researcher notes that it is important to continue to examine these gender differences in life satisfaction, as well as working statuses, geographical differences, and differences seen between urban and rural populations.

According to a variety of empirical articles, life satisfaction can be greatly impacted by job satisfaction, among many other factors. For example, Pasupuleti and colleagues (2009) conducted research exploring the connections between important work variables and life satisfaction of social service workers. Researchers hypothesized that job dissatisfaction, work-family conflict, job stress, role stress, and dangerousness of the job would have negative effects on life satisfaction, and in turn, would be negatively associated with turnover intention. 255 surveys were returned from employees working in
100 social service agencies in Ohio. Surveys included measures of life satisfaction, job dissatisfaction, work-family conflict, job stress, role stress, dangerousness, as well as basic demographic information (gender, race, marital status, and supervisory status).

Pasupuleti and colleague’s survey showed that job dissatisfaction, work-family conflict, role ambiguity, and dangerousness each had a statistically significant effect on life satisfaction ($p < .01$). As job dissatisfaction, work-family conflict, and role ambiguity increased, life satisfaction decreased. Job dissatisfaction had the greatest impact, followed by work-family conflict on life satisfaction. Interestingly, as perceived dangerousness of a job increased, life satisfaction also increased. Both age and life satisfaction had a statistically significant impact on turnover intentions ($p < .01$). As either increased, the desire to leave the employing organization decreased. The preliminary finding that life satisfaction is linked to turnover intentions suggests that low life satisfaction may have detrimental consequences. Turnover for social service agencies is costly and disruptive. Employees who have greater life satisfaction because of positive working experiences can help give the agency a positive reputation for potential job recruits. Perhaps the most interesting and significant finding from this study is that life satisfaction emerged as a predictor of social service employees’ intention to change jobs. Researchers note that while increasing the life satisfaction of employees has not led the list of concerns for most social service agency administrators, it is a win-win situation for employees, coworkers, clients, administrators, and society.
Child abuse investigation is an area of work that is commonly reported to be associated with high levels of work stress for professionals. In this related field to social work, Powell and Tomyn (2011) investigated the life satisfaction amongst police officers working in the area of child abuse investigation. Researches were interested in exploring the association between this particular line of work and lower levels of life satisfaction compared to the general population. It was hypothesized, based on previous research, that females surveyed in this study would be more likely to suffer from vicarious trauma than males, as well as have significantly lower life satisfaction scores than males. Participants for this study included police officers recruited through senior members of child abuse units at four state law enforcement agencies in Australia. Of the 214 total participants, 128 were female and 86 were male. Each participant had access to a therapist on a voluntary basis; however, each individual had little exposure to formal preparation or intervention for dealing with work-related stressors.

Participants completed written questionnaires that measured life satisfaction, years of experience in the police force, number of prior interviews with children, and number of prior interviews with an alleged adult offender. Results showed no significant difference between genders, years in service, or total number of interviews on the life satisfaction of the officers. The findings from this study suggest that police officers working in the area of child abuse investigation have, as a group, no higher risk of depression than the general population. Researchers highlight the need for investment in research to identify systematically those few individuals in law enforcement who may be
at risk of developing psychological problems and to examine the effectiveness of individually tailored support services to ensure appropriate intervention is provided in a timely manner to help reduce the impact on life satisfaction.

**Job Satisfaction**

Stress in the workplace and its impact on employees’ well-being and effectiveness has been increasingly recognized through research in recent years. Gellis and colleagues (2004) conducted research on the quality of working life of case managers in urban and rural community mental health programs in New York State. The objectives of this study were to describe specific job activities and examine differences in the perceptions of job stress and job satisfaction between rural and urban case managers. The sample for this study was drawn from the New York State mental health case management coalition membership list. Case managers were provided questionnaires consisting of sociodemographic characteristics, professional role, professional experience, and a Job Satisfaction Survey. 176 case managers completed and returned the survey by mail.

Results from Gellis and colleagues showed that total job severity scores correlated significantly and positively ($r = .44, p < .001$) with total stress frequency score. Mental health case managers with high scores on the overall Job Satisfaction Survey ($r = -.42, p < .001$), especially those who had high scores on the Lack of Organizational Support subscale, reported substantially lower job satisfaction scores. Female mental health case managers had higher overall job satisfaction scores ($r = -.16, p < .05$) and job pressure frequency scores ($r = .42, p < .001$) than did male case managers. Mental health case
managers employed in urban areas also had higher scores on the Lack of Organizational Support intensity ($r = .27, p< .001$) and frequency ($r = .25, p< .001$) subscales than did the rural groups. This significant group difference points to the lack of organizational support and job pressure intensity that is experienced by urban case managers more often than rural case managers. Case managers in rural areas reported that job stressors of “insufficient personal time” and “lack of opportunity for advancement” occurred more often than did to case managers employed in urban areas. The ecological environment of the professional can play a substantial role in their job satisfaction, and subsequently their overall life satisfaction.

In a related study, Sprang, Clark and Whitt-Woosley (2007) examined the relationship between compassion fatigue, compassion satisfaction, and burnout in a sample of 1,121 mental health providers to determine some of the factors impacting a professional’s quality of life. The participants in this study included licensed or certified behavioral health providers, such as, psychologists, psychiatrists, social workers, marriage and family therapists, professional counselors, and drug and alcohol counselors. These professionals were mailed a 102-item survey designed to solicit information about the providers’ practice methods, their use of evidence-based practices, their knowledge of event-specific responses in various populations (rural, children, the elderly), barriers to effective treatment, and levels of compassion fatigue, compassion satisfaction, and burnout. This survey specifically explored the respondents’ professional quality of life and levels of compassion fatigue, compassion satisfaction, and burnout.
There were several significant differences found in this study. For the group analysis, there appeared to be a significant gender difference, where female respondents had higher levels of compassion fatigue and burnout compared to male respondents ($p < .001$). Compassion fatigue also appeared to differ by educational degree where MD’s had greater compassion fatigue scores than both MA and PhD professionals ($p < .01$). Respondents who reported working in inpatient care had significantly higher burnout scores than private practice professionals ($p < .05$). Finally, respondents working in the most rural areas of the state had higher burnout scores than those in urban areas ($p < .05$). Regression analysis showed that female gender, young age, a higher educational degree, less clinical experience, and a higher percentage of clients with PTSD predicted higher levels of compassion fatigue and burnout. Conversely, older age predicted higher compassion satisfaction.

One of the more interesting findings from Sprang, Clark and Whitt-Woosley (2007) was that clinicians working in rural areas were more likely to suffer burnout than those in highly metropolitan locations. Researchers point out that this finding is congruent with some previous research that identifies rural areas as enduring “chronic shortages” of mental health professionals and those rural residents seek mental health services later in the course of their illness, with more persistent and disabling symptoms, and require more intensive treatment. There is also limited resources, geographical isolation, fewer colleagues, high demanding caseloads that impact the burnout of rural mental health clinicians, all impacting quality of life and life satisfaction.
Urban based mental health case managers reported higher overall job stress, higher intensity, and greater frequency of lack of organizational support than did their rural counterparts. The higher levels of job stress, particularly the recurring perception of a lack of organizational support, the lower the level of job satisfaction scores were for both groups. Researchers acknowledge that the differences seen between urban and rural case managers could be attributed to distinct regional experiences and practices in mental health agencies. Despite that regional differences, this study uncovered valuable factors that have an impact on the job satisfaction of mental health case managers that warrant further research.

Coyle and colleagues (n.d.) focused their study on establishing levels of stress, burnout, coping, and factors that ameliorate stress in the workplace for mental health professionals. Researchers reviewed research articles from 1966 to 2000 that specifically identified participants as mental health social workers. Stress, burnout, coping, job satisfaction, and stress management were searched in a review of 52 relevant articles. Results were reported in the categories of stressors, stress outcomes, and job satisfaction.

Coyle and colleagues suggest that social workers experience relatively high levels of both work related anxiety and trait depression when compared with normative populations and workers in other professions. Frequently mentioned stressors included role conflict, role ambiguity, and fulfilling statutory responsibilities under mental health policies. Sources of stress for mental health social workers included lack of supervision, lack of peer or organization support, not being able to give people the help they needed,
too little time to perform duties, meeting imposed deadlines, emotional demands of the clients, and lack of other resources. The main sources of job dissatisfaction reported were how the department was organized, leading to confusion and resentment. Social workers working with children were found to have higher job satisfaction than those working with adult clients. High levels of burnout due to feelings of lack of personal accomplishment were found to be frequently reported in the articles pertaining to the social work profession. Additionally, social workers whose work focused on people whose mental health problems were categorized as serious or enduring experienced higher levels of stress. Coyle and colleagues (n.d.) were unable to find any studies pertaining to social work that described or evaluated stress reduction initiatives and stress that this area requires continued research.

Social workers who have traditional professional training in mental health often expect to see evidence of insight, progress, and change, which are the outcomes of work with clients with mild emotional disorders or life adjustment reactions. Acker (1999) investigated the relationship between the degree of involvement with clients with severe mental illness and social workers’ job satisfaction and burnout. 128 social workers working in outpatient mental health settings in New York State were surveyed for this study using a convenience sampling process. Respondents were surveyed in the areas of involvement, job satisfaction, emotional exhaustion, depersonalization, and personal accomplishment.
Correlational data showed a positive correlation between social workers involved with clients with serious mental illness and emotional exhaustion \((p<.01)\). Adequate mechanisms of support was associated significantly with higher scores on the job satisfaction scale \((p<.01)\), and with lower scores on the emotional exhaustion scale \((p<.01)\). A low negative correlation was noticed between involvement with clients with serious mental illness and adequate mechanisms of social support \((p<.05)\). Intentions to leave the job, an indicator of job satisfaction and emotional exhaustion, was related to several variables in this study including educational level of the social worker, age, number of children, and length of time of employment. Newer social workers were also found to be more involved with seriously mentally ill population, doing more concrete work, and were less satisfied with their salary. Based on this study, burnout can be better understood as the cumulative effect of working with difficult populations under certain work conditions.

Gillespie and Redivo (2012) led an exploratory study examining personal-professional boundary issues amongst the satisfaction of rural clinicians recruited from within the British Columbia, Canada community. Gillespie and Redivo state that clinicians already attached to their community face fewer person adjustment challenges and are likely to find their lifestyle and practice more rewarding. Researchers administered online questionnaires followed by semi structured telephone interviews. Participants included 44 clinicians and 27 team leaders/managers working in child and youth mental health services.
Results showed that the highest levels of satisfaction with both personal lifestyle and professional practice were expressed by the clinicians who were recruited with prior exposure to rural settings. Of the participants recruited from outside the community with prior rural exposure, 72% agreed or strongly agreed that they find their rural lifestyle satisfying compared with only 33% of participants who came to the community with no prior exposure to rural settings. Clinicians recruited from outside the rural community found “personal isolation” to be the biggest difficulty living within the community while clinicians recruited from within the community found “dual relationships/balancing personal-professional boundaries” to be the most difficult. The findings from this study suggest that professionals recruited with existing attachments to the community face more intense personal/professional boundary issues and a direct consequence of these attachments. These issues are a significant source of initial and ongoing stress and would benefit from continued research on educational preparations and practical assistance on these challenges. This study also points to the theme that has emerged through this review of the literature that job satisfaction is influenced substantially by the ecological setting and organizational support setting of the employment location, both of which have been shown to impact life satisfaction.

Little research has been conducted in the area of multicultural workplaces and their impact on employee’s work experience and job satisfaction. Pasca and Wagner (2012) produced a comparative analysis between Canadian-born employees (CB) and non-Canadian born (NCB) employees with respect to their perceptions of occupational
stress, satisfaction, and mental health within the Canadian workplace. Participants for this study included 84 professionals working in the fields of education, health care, and social work. 42 of the participants were NCB and 42 were CB individuals. Surveys were administered to measure demographics, satisfaction using a life scale, mental health symptom checklist, relationship satisfaction, job satisfaction, and occupational stress.

Results from Pasca and Wagner showed a significant difference between the levels of occupational stress perceived by NCB employees compared to their CB counterparts ($p < .05$). No significant differences were found in the areas of satisfaction. NCB professionals were found to have significantly higher levels of somatic and paranoid ideation distress than their CB counterparts working in the same sectors ($p < .005$). This may suggest that the adjustment and acculturation process immigrants have to face settling in a new country creates extra potential stressors compared to native born counterparts. In contrast to the researcher’s hypothesis, the findings suggest that overall satisfaction with job, marital relationship, and life of NCB employees working as professionals in education, health care, and social work did not differ from that of CB employees employed in similar occupations. Overall the findings of this study suggest positive outcomes for NCB professionals. Researchers suggest that once they succeed in gaining socio-professional status similar to their previously held status, they report similar experiences of job stress, mental health and satisfaction with job, marital relationship, and life as their CB counterparts.
Within the social work profession, there is a wide range of employment placements and agencies to seek employment. In 1984, Jayaratne and Chess conducted a study on work stress and strain among social workers. Researchers compared respondents’ self-reports of job satisfaction and burnout to determine if there were differences between family service workers, community mental health workers, and child welfare (protective services) workers. The stress variables measured in this study included role ambiguity, role conflict, and work load. In addition to the stress variable, researchers measured physical comfort, challenge, financial rewards, and promotional opportunities as indicators of organizational climate.

Analyses were based on data collected from a national survey of the National Association of Social Workers (NASW) membership in 1981. Among the respondents, 144 worked in community mental health agencies, 60 worked in child welfare, and 84 worked in family services. The overall response patterns suggested that family service workers perceived a much better work environment than those reported by their colleagues in community mental health and child welfare. The family service workers reported the best overall scores on seven of the ten indexes: depersonalization, role ambiguity, value conflict, work load, comfort, challenge, and role conflict. The intent to change jobs ranged from a low of 39% among family service workers, to 42.5% among community mental health workers, to a high of 44.6% among child welfare workers. There were no significant differences reported in levels of satisfaction and perceived success among the three groups.
Among the three groups in this study, child welfare workers reported higher levels of stress than did their colleagues in community mental health and family services agencies. Child welfare workers also reported poorer scores on job role conflict, value conflict, and challenge. Researchers suggest that the best predictor of job satisfaction for all three groups appeared to be promotional opportunities. Similar to other empirical literature on the topic of job satisfaction, social workers in this study were impacted by emotional exhaustion, depersonalization, and intent to change jobs. Jayaratne and Chess suggest that more research in necessary to address issues related to job satisfaction, burnout, and turnover that must consider the differences within groups in the social work profession.

Mental health issues and burnout appear to be popular literary topics in the research field of job satisfaction amongst social workers and related professionals. Musa (2009) conducted a study examining the prevalence of secondary traumatic stress and burnout and its relationship to job satisfaction in 180 social workers working in schools, hospitals, welfare centers, and non-government organization in the United Arab Emirates. Participants were requested to complete a 30-item professional quality of life questionnaire measuring compassion satisfaction, compassion fatigue, and burnout. Results of this questionnaire showed that 25% of the participants scored high on compassion fatigue, as well as 25% scoring high on burnout.

Results showed significant differences between the two groups of compassion satisfaction (satisfied and non-satisfied) in secondary traumatic stress/or compassion
fatigue ($p < .01$). The group that scored as less satisfied ($n= 38$), scored higher than the group that scored as more satisfied. Analysis of variance results showed a significant difference related to place of work and burnout ($p < .01$). Participants who worked in social welfare centers ($n= 25$) reported higher burnout, while participants working in hospitals ($n= 10$) reported the lowest burnout.

Musa acknowledged that the findings from this study appear to be in line with previous research. There appears to be a particularly distressing combination of burnout with secondary traumatic stress. Both burnout and secondary traumatic stress can create feelings of helplessness, loneliness, and depression. The researcher points out that the majority of social workers enjoy high job satisfaction, not necessarily driven from the profession, and low rates of compassion fatigue and burnout.

Hamaideh (2011) also conducted an international study on the impacts of burnout, social support, and job satisfaction among Jordanian mental health nurses. 181 Jordanian mental health nurses completed a four part questionnaire; Maslach Burnout Inventory, Social Support Scale, Job Satisfaction Scale, and a demographic and work related sheet. For this study, the researcher was interested in examining the levels of burnout categories among psychiatric nurses. Three levels were revealed to impact burnout including emotional exhaustion, depersonalization, and personal accomplishment. This researcher was also interested in investigating the relationship among burnout categories, social support, job satisfaction, and some demographic and work-related variables.
Results showed that emotional exhaustion was negatively correlated with job satisfaction, social support, gender, nurses experiencing physical and verbal assault, and caseload. Caseload was correlated positively with depersonalization and stress level. Emotional exhaustion was reported to be higher among females. Personal accomplishment correlated positively with job satisfaction, social support, age, participation in mental health workshops, and intention to leave current job. Personal accomplishment was found to be higher in older nurses, those who did not intend on leaving their jobs, and those who participated more frequently in mental health workshops.

Hamaideh (2011) implies through their research that in order to decrease burnout among mental health nurses, administrators should increase continuing education programs for nurses, specifically the programs that deal with stress management, coping skills, personal skills and accomplishments, and those that update knowledge. Burnout affects the way in which mental health nurses are able to provide care to their clients. This creates a need for researchers and administrators to consider ways in which burnout can be decreased and enable mental health nurses to provide optimal care for their clients, enhance well-being, decrease stress and turnover, and decrease the frequency of sick leave.

Many social workers choose a clinical career path. Empirical literature on clinical social work explores many factors that influence job satisfaction. Bogo, et. al. (2011) conducted an exploratory study using qualitative techniques to examine the components
that affect front-line practitioners’ professional development and job satisfaction in the mental health and substance abuse fields. Researchers organized focus groups to encourage participants to reflect on topics of common concern. These participants were recruited through email announcements and flyers from a population of approximately 611 front-line practitioners. 76 members of this population participated in 13 focus groups from a range of professions including social work, psychiatric nursing, occupational therapy, recreational therapy, case workers, and stress management therapy. Topics discussed in the focus group were recorded, transcribed verbatim and analyzed.

It was quickly discovered that clinicians spoke about supervision in their professions and programs as only one of the interacting factors that affected their sense of professional competence, development, and job satisfaction. Other factors that emerged through these focus groups included complexity of meeting clients’ needs, supervision arrangements, interprofessional teams, and organization influences. Among the significant findings of this study, most noteworthy is that front-line practitioners’ job satisfaction was connected to their perceptions about their competence in their work with clients. Practitioners from multiple disciplines wanted to be more effective with their clients and wanted to learn about current empirically based approaches. Participants also consistently noted the importance of daily support, not only from their clinical supervisors, but from their colleagues at the time it was needed, particularly during a crisis.
One of the more important findings from Bogo, et. al. (2011) appears to be that regardless of the relationship with a direct supervisor, when the team was collaborative, isolation was replaced with support, connection, and increased job satisfaction. The researchers encourage further research to develop a culture that supports education on the expertise to meet clients’ mental health and addiction treatment needs, professional and interprofessional development, and a focus on support from the larger organization.

There is little empirical research conducted on the effectiveness of implementing work programs aimed towards improving the job satisfaction of employees. Pryce, Albertsen and Nielsen (2006) studied the impact of an open-rotation scheduling system on health, job satisfaction, and work-life balance of nurses working in a psychiatric ward in Denmark. Researchers emphasize that little is known about the benefits of open-rotation systems although empirical literature does support positive outcomes resulting from shift rotations and scheduling control.

Four nursing teams were assigned to a control group (n= 91) and four teams were assigned to intervention groups (n= 86). The intervention groups were asked to develop an intervention appropriate for their team, implement it, and manage it for a 20 month period. Both groups were invited to complete a questionnaire survey at the start and the finish of the study designed to measure work scheduling indices, work-life balance indices, and health and well-being indices. The four intervention groups were asked to schedule their shift preferences into an open (uncompleted) rotation with consideration to the preferences of others and the relief required in other departments.
Under the open-rotation system, employees reported greater satisfaction with their work hours and were less likely to swap their shifts when working in this system. Additionally, employees reported a significant increase in work-life balance, job satisfaction, social support and ratings of community spirit when compared with nurses in the control groups. A significant difference was found between the control groups and the intervention groups in four key areas including job satisfaction and work-life balance (p<.01), and social support and sense of community (p<.01). The implementation of the open-rotation system had a wide range of positive physical, social, and psychological health outcomes. These findings suggest that open-rotation systems are an effective intervention to enhance job satisfaction, work-life balance, support and cooperation within nursing teams.

Gilbody and colleagues (2006) also conducted a study examining cost effective strategies to improve staff morale and reduce burnout amongst staff working in psychiatric units. Researchers designed a narrative overview of key design features, endpoints and results of strategies designed to improve psychological wellbeing and the working experience of staff. Participants for this study were staff working in hospital or community-based inpatient/residential psychiatric units caring for people with mental illnesses. Interventions were designed for staff individually (e.g., counseling and supervision) as well as a group (e.g., ward layout and admission policies). Strategies to improve staff morale and working experiences included educational interventions, psycho-social interventions, and environmental/organizational interventions. Each
intervention was administered through a randomized trial to each ward or unit of the hospital. Researchers aimed to assess psychological wellbeing, job satisfaction, burnout and stress, sickness/staff turnover, and cost through the randomized interventions.

The sample size for each intervention group was generally small (median n= 52). Findings from this study suggest that strategies to enhance social support networks and strategies to improve managerial support and supervision have a potential to impact staff wellbeing. Psycho-social interventions enhanced staff skills to deal with problems and clinical difficulties commonly encountered in inpatient psychiatric settings. Researchers also point out that strategies to improve the morale and working environment of staff have substantial potential to impact staff retention and sickness rates. It is emphasized that further research is needed to examine the wider impacts of models that incorporate some of the potentially effective approaches that were identified in this study- such as enhanced staff skill, staff support, supervision and psychological care.

**Work-life Balance**

For the majority of professionals, finding balance between the various domains of life, including work and personal, is challenging, and can greatly impact overall life satisfaction. Jang and colleagues (2011) conducted a study aimed at examining the associations between the availability of work-life balance programs, job satisfaction, and mental health among 1,293 employees in 50 companies in South Korea. Researchers surveyed employees on their attitudes and behaviors associated with scheduling control, work-life balance programs initiated by their employers, job satisfaction, and their
individual mental health. Work-life balance initiatives outlined in this study were described as “family-friendly” policies that included onsite or subsidized childcare, leave time for childbirth, flexible work arrangements, flexible or reduced work hours, extended lunch hours, compressed work weeks, and telecommuting. Scheduling control was referred to as an individual employee’s ability or authority to arrange his or her work hours.

Several significant findings were discussed by the researchers. Results indicated that among this sample of employees, the interaction effects of scheduling control and the availability of work-life balance programs are positively associated with self-reported job satisfaction and mental wellbeing \((p< .05)\). This finding suggests that companies where work-life balance programs are available may be perceived by employees as being more supportive and family-friendly, which both appear to affect job satisfaction which promotes mental wellbeing. Another noteworthy finding from this study is that job satisfaction was found to play a role as a mediator. Job satisfaction was found to mediate the interaction effect of scheduling control and work-life balance on mental health. Agencies and employees will mutually benefit from increases in job satisfaction, work-life balance, and the overall wellbeing of the employees.

The emotionally demanding nature of social service work presents unique stresses that may influence functioning in the personal or family domains and increase the potential for conflict between work and family. Ruper and colleagues (2012) conducted research to better understand the work-family conflicts and life satisfaction among
professional psychologists as well as examine the gender differences in patterns of relationships. Data for this study was collected from a national survey study investigating burnout among professional psychologists. Surveys were mailed out to a random sample of 1200 psychologist who were members of the American Psychological Association, licensed psychologists, identified a clinical setting as their primary place of employment, and lived in the United States. There were 487 usable surveys returned from 176 male psychologists and 192 female psychologists. Survey materials included a support from family scale, psychologist burnout inventory, work-family conflict and family-work conflict scales, satisfaction with work and family, and satisfaction with life scale.

Results of these surveys yielded several significant findings. Control at work had a direct positive relationship to life satisfaction ($p < .00006$) but had a significant negative relationship to work-family conflict ($p < .00001$). Control at work also significantly predicted work satisfaction ($p < .00001$). Lower work-family conflict predicted higher family satisfaction ($p < .00001$) and family satisfaction predicted greater life satisfaction ($p < .00001$). Family support had a direct positive relationship to life satisfaction when all mediators were removed ($p < .00001$) indicating the presence of an overall effect. Family support also had a significant negative relationship to family-work conflict ($p < .00001$). Family support had a positive influence on life satisfaction by reducing family-work conflict, which increased work satisfaction as well as life satisfaction. Family support had a stronger negative relationship to family-work conflict for women ($p < .032$) which was the only gender difference found in this study.
One of the more noteworthy findings from Rupert et. al., (2012) was that control at work influenced not only work satisfaction, but also family satisfaction, primarily by reducing the work-family conflict. Work and family satisfaction led to greater life satisfaction which is consistent with previous research in this area. For women, the relationship between family support and family-work conflict was stronger, suggesting that even with professional women, the traditional gender role difference in commitment to family responsibilities continues to exist.

From this review of relevant empirical research, several substantial themes emerged. Life satisfaction is greatly influenced by various domains of an individual’s life; including environment, work, family life, professional achievement, and support both personally and occupationally. Moving forward, it is important to consider all these elements of an individual’s life when empirically studying the satisfaction of mental health professionals. There is also little research to date conducted on occupational program initiatives aimed at reducing work related stress and burnout. More research is necessary in the field of life satisfaction specifically amongst mental health professionals due to the overwhelming indications that this field is repeatedly shown through empirical studies to be associated with high turnover rates, lower job satisfaction, lower life satisfaction, burnout, compassion fatigue, and mental health challenges.
Chapter 3

METHODS

Study Objectives

This study utilized quantitative, non-randomized snowball sampling. The details of the study design are outlined in this chapter. A quantitative method implies that the survey in this study recorded variation in social life in terms of categories that vary in amount (Engel & Schutt, 2013). The scores derived from the perceptions of life satisfaction scale were in the form of a raw numerical amount, easily analyzed statistically to determine correlational relationships. The objective of this study was to quantitatively compare demographic information to perceptions of life satisfaction scores to better understand the social relationships that exist in this population. Quantitative research is the best option for the exploration of perceptions of life satisfaction amongst the mental health professional population due to its reliance on surveying methodology and the ordering of numeric representations of the population to express magnitude.

Non-randomized snowball sampling is a method done in empirical research where sample elements are selected as they are identified by successive informants or interviewees (Engel & Schutt, 2013). For this study, the respondents were selected from an identified population; community mental health professionals in California. This study would not be considered a randomized sampling due to the need to survey only a select group among the larger population. The specific agency representing the target population studied in this research project was selected through convenience. Several
community mental health agencies were contacted by the researcher and ultimately the one surveyed in this study was the first to grant permission to solicit their mental health professionals as survey respondents. The survey for this study was issued to all mental health professionals within the selected agency under the premise of voluntary participation.

**Study Design**

This study was designed as exploratory, focusing on quantitative data measurements. The goal of this study was to gain better understanding of the demographic influences on perceptions of life satisfaction by exploring the community mental health professionals’ population in California. Raw perception of life satisfaction scores derived from the distributed survey was compared to demographic information on the mental health professional respondents to determine if any correlations existed. The design of this study was created in a simplistic form to accommodate the respondents busy work schedules as well as the limited time allotted for data collection. The surveys designed and distributed to respondents were created to reflect these research study constraints.

**Sampling Procedures**

Research participants were recruited using snowball sampling from the Turning Point agency based in Sacramento, California. Turing Point Community Programs is a community based mental health agency serving Sacramento, Merced, Placer, Nevada, Stanislaus and Yolo counties with a range of mental health services. There are over 395
employees working in the mental health profession across all Turning Point agency location. This researcher contacted a lead clinician at the Turning Point agency based in Sacramento California to inquire about the possibility of surveying employees for this research study. A permission letter was obtained from a supervising clinician stating the researcher could distribute an electronic survey to mental health professionals within the agency.

**Data Collection Procedures**

The data collected in this study was done through an electronic survey distributed to mental health professionals throughout the Turning Point agency. The first section of the survey included a six question demographics inquiry soliciting information from the respondents on gender, years working in mental health, years in their current position, highest educational achievement, race/ethnicity, and likelihood to remain with their current employer for longer than five years.

The survey created for this study was sent electronically to a research assistant at the Turning Point agency for agency approval. Through collaboration it was decided that the survey would be distributed to Turning Point employees through an electronic attachment to an agency wide email. Recipients of this email were given the option to complete the survey if they wished and return it either through email correspondence with the research assistant from Turning Point or to send it to this individual through an interoffice mailing system. The email and survey attachment was distributed to 395 employees working in the various counties Turning Point Community Programs serves.
Of the 395 recipients of the electronic survey, 33 respondents returned their completed survey to the research assistant.

This study relied on implied consent. Surveys were distributed to employees throughout the counties that Turning Point serves and were explained as voluntary and anonymous. This meant that if a mental health professional chose to complete the survey then their consent was implied; if a professional chose not to complete the survey, there was no way for the researcher to know which professionals declined consent. Once a respondent completed the electronic survey, it was either submitted to the research assistant at Turning Point electronically or through interoffice mail. This procedure was set in place to ensure the researcher would not know which employees chose to participate and which did not. Once all surveys had been collected, they were returned to this researcher electronically with no identifiable information from the respondents.

**Instruments**

The survey used in the study was developed using the 5-item Diener Satisfaction with Life Scale (SWLS) developed in 1985 and commonly used in empirical research. The SWLS measures global cognitive judgments of satisfaction with one’s life. The survey created and distributed in this research study was adjusted to reflect perceptions. Statements in the Diener life satisfaction scale such as, “I am satisfied with my life” were adjusted to state, “In my opinion, mental health professionals are satisfied with their lives” to reflect perceptions. Each of the 15-items on the perceptions of life satisfaction scale were asked on a Likert scale ranging from 1- strongly disagree to 7-strongly agree.
There was also a demographic survey distributed to study participants to gather
basic demographic information to compare with perception of life satisfaction scores in
data analysis. Respondents were asked to identify their gender, ethnicity, years working
in the mental health profession, years working in their current position at the agency,
their highest educational degree obtained, and their self-reported likelihood to continue
working at their current agency in their current position for longer than 5 years. These
demographic questions were asked based on factors identified in previous empirical
research that influenced life satisfaction. Intention to remain in current position was
asked to gain some insight into the turnover rates at the Turning Point Community
Programs agency.

Data Analysis Approaches

Data was analyzed using SPSS in a research laboratory at California State
University Sacramento. Raw data from the demographics and perceptions of life
satisfaction survey was inputted into this system and compared for frequency
distributions and correlational relationships. These correlational relationships as well as
frequency distributions will be presented and discussed in chapters four and five. All data
was analyzed and interpreted with the assistance of this researcher’s thesis advisor.

Protection of Human Subjects

The researcher submitted an application outlining the purpose of this study along
with information about the manner in which data would be collected with respect to
respondent anonymity and confidentiality to the Institutional Review Board in the
Department of Social Work at California State University Sacramento. The application and supporting materials were first submitted to the researcher’s thesis advisor for approval. This researcher’s thesis advisor made several recommendations for clarification and further elaboration on the initial draft of the IRB application. The researcher’s thesis advisor also requested that a permission letter from Turning Point be submitting with the IRB application to identify where the prospective respondents for the study would be surveyed from. A letter stating permission from Turning Point Community Programs was gathered by the researcher and then submitted along with the demographic and perceptions of life satisfaction surveys to accompany the application for approval review. Three members of the department of social work Institutional Review Board evaluated the application granting permission to proceed with the survey at no potential risk of harm or discomfort for the respondents. The protection of human subjects was approved by the Institutional Review Board at California State University Sacramento on December 3, 2013. The institutional review board human subject protocol number for this study is 13-14-051. The approval for this project expires on December 3, 2014.
Chapter 4

STUDY FINDINGS AND DISCUSSIONS

Overall Findings

Table 1

*Gender of the Respondents*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>25</td>
<td>75.8</td>
<td>75.8</td>
<td>75.8</td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
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<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

This research project was able to recruit 33 (n= 33) mental health professionals as respondents. Among the respondents, 75.8% (n= 25) were female and 24.2% (n= 8) were male (See Table 1).

Table 2

*Ethnicity of the Respondents*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>23</td>
<td>69.7</td>
<td>69.7</td>
<td>69.7</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>4</td>
<td>12.1</td>
<td>12.1</td>
<td>81.8</td>
</tr>
<tr>
<td>Black/African American</td>
<td>2</td>
<td>6.1</td>
<td>6.1</td>
<td>87.9</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1</td>
<td>3.0</td>
<td>3.0</td>
<td>90.9</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3.0</td>
<td>3.0</td>
<td>93.9</td>
</tr>
<tr>
<td>Decline</td>
<td>2</td>
<td>6.1</td>
<td>6.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
When inquired about the respondents’ racial identification (Table 2), 23 (69.7%) of the respondents identified their ethnic background as White/Caucasian, 12.1% (n= 4) Latino/Hispanic, 6.1% (n= 2) Black/African American, 3% (n= 1) Asian/Pacific Islander, 3% (n= 1) other, and 6.1% (n= 2) declined to respond.

Table 3

*Highest Degree obtained by the Respondents*

<table>
<thead>
<tr>
<th>Degree</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.A</td>
<td>3</td>
<td>9.1</td>
<td>9.1</td>
<td>9.1</td>
</tr>
<tr>
<td>B.A</td>
<td>5</td>
<td>15.2</td>
<td>15.2</td>
<td>24.2</td>
</tr>
<tr>
<td>B.S</td>
<td>6</td>
<td>18.2</td>
<td>18.2</td>
<td>42.4</td>
</tr>
<tr>
<td>M.S</td>
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<td>6.1</td>
<td>48.5</td>
</tr>
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<td>MSW</td>
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<td>18.2</td>
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<tr>
<td>MFT</td>
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<td>21.2</td>
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<tr>
<td>PhD</td>
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<td>3.0</td>
<td>90.9</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>9.1</td>
<td>9.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

One of the primary interests of this research project is the respondent’s educational background. As indicated in Table 3, the highest educational degree obtained by the respondents included 21.2% (n= 7) had a Masters in Marriage and Family Therapy (MFT), 18.2% (n= 6) has a Masters in Social Work (MSW), 18.2% (n= 6) had a Bachelors in Science (BS), 15.2% (n= 5) had a Bachelors in Art (BA), 9.1% (n= 3) has an Associates in Arts (AA), 9.1% (n= 3) had a degree not listed on the survey, 6.1% (n= 2) had a Masters in Sciences (MS), and 3% (n= 1) had a Doctorate Degree (PhD).
Table 4

Likelihood of Continuing Employment at Agency

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Unlikely</td>
<td>3</td>
<td>9.1</td>
<td>9.1</td>
<td>9.1</td>
</tr>
<tr>
<td>Slightly Unlikely</td>
<td>3</td>
<td>9.1</td>
<td>9.1</td>
<td>18.2</td>
</tr>
<tr>
<td>Unlikely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>6</td>
<td>18.2</td>
<td>18.2</td>
<td>36.4</td>
</tr>
<tr>
<td>Slightly Likely</td>
<td>5</td>
<td>15.2</td>
<td>15.2</td>
<td>51.5</td>
</tr>
<tr>
<td>Very Likely</td>
<td>16</td>
<td>48.5</td>
<td>48.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
<td>100.0</td>
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</tr>
</tbody>
</table>

As a part of the demographic section of the survey, respondents were also asked to rank their likelihood to continue employment at their agency on a 5-point scale of very unlikely to very likely. Specifically, respondents were asked to rank their likelihood to stay with their current employer for 5 years or longer. Among the 33 respondents 48.5% (n= 16) identified they were very likely to continue their employment, 15.2% (n= 5) were slightly likely, 18.2% (n= 6) were unsure, 9.1% (n= 3) were slightly unlikely, and 9.1% (n= 3) identified they were very unlikely to continue (See Table 4).
Specific Findings

Table 5

*Correlation Matrix of Perception of Life Satisfaction, Time working in Mental Health and Time Working in Current Position*

<table>
<thead>
<tr>
<th></th>
<th>Total Perception of Life Satisfaction Score</th>
<th>Time working in Mental Health Profession</th>
<th>Time working in Current Position at Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Perception of Life Satisfaction Score</td>
<td>Pearson</td>
<td>1</td>
<td>.122</td>
</tr>
<tr>
<td></td>
<td>Correlation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>33</td>
<td>32</td>
</tr>
<tr>
<td>Time working in Mental Health Profession</td>
<td>Pearson</td>
<td>.122</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Correlation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.506</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>Time working in Current Position at Agency</td>
<td>Pearson</td>
<td>.285</td>
<td>.278</td>
</tr>
<tr>
<td></td>
<td>Correlation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.107</td>
<td>.124</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>33</td>
<td>32</td>
</tr>
</tbody>
</table>

It was hypothesized, based on previous research, that longer employment in the mental health profession would be negatively related to the total perception of life satisfaction score. Data from this research study does not show a significant relationship between the total perception of life satisfaction score and total time working in the mental
health profession (Pearson r = .122, p > .506), or with the total time working in current position at the agency (Pearson r = .285, p > .107) (See Table 5).

Table 6

Correlation Matrix of Perception of Life Satisfaction and Likelihood of Continuing Employment

<table>
<thead>
<tr>
<th></th>
<th>Likelihood of Continuing Employment at Agency</th>
<th>Total Perception of Life Satisfaction Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood of Continuing Employment at Agency</td>
<td>Pearson Correlation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>33</td>
</tr>
<tr>
<td>Total Perception of Life Satisfaction Score</td>
<td>Pearson Correlation</td>
<td>.085</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.639</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>33</td>
</tr>
</tbody>
</table>

It was also hypothesized that the total perception of life satisfaction score would be related to the respondents self-reported likelihood to continue their employment with the agency for 5 years or longer. As shown in Table 6, data from this research study shows no significant correlation between these two variables (Pearson r = .085, p > .639).
Table 7

Correlation Matrix of Perception of Life Satisfaction and Highest Degree obtained by the Respondents

<table>
<thead>
<tr>
<th></th>
<th>Total Perception of Life Satisfaction Score</th>
<th>Highest Degree obtained by the Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Perception of Life Satisfaction Score</td>
<td>Pearson Correlation: 1</td>
<td>Pearson Correlation: .084</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed): .840</td>
<td>Sig. (2-tailed): .640</td>
</tr>
<tr>
<td></td>
<td>N: 33</td>
<td>N: 33</td>
</tr>
<tr>
<td>Highest Degree obtained by the Respondents</td>
<td>Pearson Correlation: .084</td>
<td>Pearson Correlation: .640</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed): .640</td>
<td>Sig. (2-tailed): .640</td>
</tr>
<tr>
<td></td>
<td>N: 33</td>
<td>N: 33</td>
</tr>
</tbody>
</table>

Finally, it was hypothesized that the total perception of life satisfaction score of the respondents would be correlated with highest degree obtained by the respondents. Data from this study shows no significant relationship between these variables (Pearson r= 0.84 p> .640) (See Table 7).
Table 8

Correlations Matrix of Individual Perceptions of Life Satisfaction Statements

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close to Professional Ideal</td>
<td>1</td>
<td>.491**</td>
<td>.546**</td>
<td>.210</td>
<td>.414*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.004</td>
<td>.001</td>
<td>.242</td>
<td>.017</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.33</td>
<td>.33</td>
<td>.32</td>
<td>.33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.491**</td>
<td>.499**</td>
<td>.506**</td>
<td>.301</td>
</tr>
<tr>
<td>Want to be in Mental Health Profession</td>
<td>.004</td>
<td>.004</td>
<td>.003</td>
<td>.089</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>.33</td>
<td>.33</td>
<td>.32</td>
<td>.33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.546**</td>
<td>.499**</td>
<td>1</td>
<td>.166</td>
</tr>
<tr>
<td>Working Conditions are Excellent</td>
<td>.001</td>
<td>.004</td>
<td>.363</td>
<td>.008</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>.32</td>
<td>.32</td>
<td>.32</td>
<td>.32</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.210</td>
<td>.506**</td>
<td>.166</td>
<td>1</td>
</tr>
<tr>
<td>Enjoy the Profession</td>
<td>.242</td>
<td>.003</td>
<td>.363</td>
<td>.184</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>.33</td>
<td>.33</td>
<td>.32</td>
<td>.33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.484**</td>
<td>.403*</td>
<td>.584**</td>
<td>.233</td>
</tr>
<tr>
<td>Important things in Life</td>
<td>.004</td>
<td>.020</td>
<td>.000</td>
<td>.191</td>
<td>.009</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.33</td>
<td>.33</td>
<td>.32</td>
<td>.33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.189</td>
<td>.436*</td>
<td>.603**</td>
<td>.159</td>
</tr>
<tr>
<td>Settled about Future in the Field</td>
<td>.299</td>
<td>.013</td>
<td>.000</td>
<td>.384</td>
<td>.024</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.32</td>
<td>.32</td>
<td>.31</td>
<td>.32</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

As indicated in Table 8, each of the 15 perceptions of life satisfaction statements was compared to determine if there were any interrelated statements. There was a
significant positive relationship found between the statements “Close to Professional Ideal” and “Want to be in the Mental Health Profession” (Pearson r = .491, p < .004, n = 33). A significant positive relationship between “Want to be in the Mental Health Profession” and “Enjoy the Profession” (Pearson r = .506, p < .003, n = 33). A significant positive relationship between “Working Conditions are Excellent” and “Close to Professional Ideal” (Pearson r = .546, p < .001, n = 32). A significant positive relationship between “Important Things in Life” and “Close to Professional Ideal” (Pearson r = .484, p < .004, n = 32). Finally, a significant positive relationship was found between “Settled about Future in the Profession” and “Working Conditions are Excellent” (Pearson r = .603, p < .000, n = 31).

**Interpretation of the Findings**

Based on the data collected from the present study, it appears that there are no significant relationships between the perception of life satisfaction of mental health professionals and the professionals highest degree obtained, time working in the profession, time working in their current position, or with their self-reported likelihood to continue as a mental health professional at their current agency. Simply stated, among this smaller sample of mental health professionals surveyed, the significant variables impacting life satisfaction found in previous empirical research did not significantly impact the perceptions of life satisfaction of mental health professionals in this study.

Among the 15 perceptions of life satisfaction statements, several significant relationships were found. Respondents who perceived mental health professionals as
wanting to work in the profession were also likely to rate high on the statement of mental health professionals enjoying the profession they are in. Respondents who perceived mental health professionals as wanting to work in the profession were also likely to rate high on the statement of mental health professionals are working closely to their professional ideal. Respondents who perceived mental health professionals as working closely to their professional ideal were also likely to rate the statement that mental health professionals have excellent working conditions highly. Respondents who perceived mental health professionals as having the important things in life based on their profession choice were also likely to rate the statement that mental health professionals are working closely to their professional ideal highly. Finally, respondents who perceived mental health professionals as feeling settled about their future in the profession were also likely to rate high on the statement that mental health professionals have excellent working conditions.

**Summary**

In summary, few significant findings were found in the present study. Given that the sample size for the survey that was distributed was slim, it is difficult to discern how the perception of life satisfaction is impacted by the various influences and working conditions of mental health professionals. Although not initially hypothesized in this study, there were several related statements among the perceptions of life satisfaction survey that convey some insight into how other mental health professionals perceive the life satisfaction of others in their profession. Specifically, it was apparent in the survey
responses that the respondents that rated highly on the statement that mental health professionals are working closely to their professional ideal were also likely to perceive mental health professionals as enjoying their work, having the important things in life, and having excellent working conditions. This could mean that one perception of mental health professionals is that they are working in the field because it is their professional ideal and therefore the perception is that mental health professionals are satisfied with the working conditions associated with this career choice.
Chapter 5
CONCLUSION, SUMMARY, AND RECOMMENDATIONS

Summary of the Study

It was hypothesized in this research study that the perception of life satisfaction scores of mental health professionals would be correlated with several variables. As stated in chapter 1 of this research study, perceptions of life satisfaction was hypothesized to be correlated with the highest educational attainment of the respondents, respondents’ time working in mental health, respondents’ time working in their current position, and finally, the respondents’ self-reported likelihood to continue at their agency for 5 years or longer in their current position. These hypotheses were not supported by the data collected from respondent surveys in this research study. However, there were significant correlations found between the perceptions of life satisfaction survey responses of the research participants.

Specifically, there were five significant positive correlations found between the individual perceptions of life satisfaction statements rated by the respondents. Although these relationships were not originally hypothesized in this study, the positive correlations are worthy of noting and are in line with the majority of research conducted in the fields of life and job satisfaction. Respondents in this research study who perceived mental health professionals as working close to their professional ideal were also likely to rate highly on the perception that mental health professionals want to work in the mental health profession, the working conditions of mental health professionals are excellent,
and that mental health professionals have the important things in life based on their career choice. Additionally, respondents who perceived mental health professionals as having excellent working conditions also perceived them as being settled about their future in the mental health profession.

Although there were no significant findings in this study based on the hypotheses stated in chapter 1, relevant empirical research shows connections between job and life satisfaction and many other factors associated with the social work and related professions. For example, Ozmete (2011) found significant gender differences between males and females for life satisfaction where men were overall found to be more satisfied with their lives than women. Sprang, Clark, and Whitt-Woosley (2007) found that compassion fatigue differed by educational degree. Specifically, MD’s were found to experience the most compassion fatigue from their direct practice when compared to other professionals.

Finally, Acker (1999) found several factors influencing intentions to leave a job. Social workers working directing with seriously mentally ill clients reported more emotional exhaustion than social workers not working directing with seriously mentally ill clients. Having more support at work yielding higher job satisfaction scores and lower emotional exhaustion scores amongst the surveyed social workers. Additionally, intentions to leave a job were found to be related to job satisfaction, emotional exhaustion, education level, age, number of children, and length of employment in the mental health profession. Despite the lack of significant results found in the present
study, previous research shows there are connections between satisfaction and intentions to leave a job, educational degree, gender, and direct work with the seriously mentally ill population.

**Implications for Social Work**

Based upon the wide array of empirical research available, as well as the findings from the present study, there are many implications for micro level social work practice in terms of the life and job satisfaction of social workers and professionals from related fields. Although not specifically found in the present research study, previous empirical research has found that turnover rates at social work agencies are related to low life and job satisfaction of the employees. With this knowledge it is possible that the development of employee assistance programs could be implemented at individual agencies to combat the harmful effects of low job and life satisfaction. This could include family leave time for employees, flexible lunch hours, opportunity to set personal schedule, and connection with coworkers and supervisors for the purpose of a support network.

At the mezzo social work practice level, it is imperative that social work professionals remain connected as a community and stay committed to social action and community organizing when change is needed. Staying connected as a social work professional community allows for opportunities of organizing and advocacy when there is a shared experience of low job or life satisfaction in the working field. This could include connection through unions, social media, and national networks such as the National Association of Social Workers (NASW). It is also worthy of noting that at a
mezzo level in social work practice it is also important for social work professionals remain connected to the community they are serving as well as the population they are serving. Disconnection from the community and lacking the feelings that go along with seeing the difference being made in the community through direct practice with the population can influence low job and life satisfaction as demonstrated in previous research.

The life and job satisfaction of social workers is heavily influenced by policies put in place at the macro level of social work practice. High case loads, limited resources, limited support, and poor supervision are all factors that can influence low job and life satisfaction and could be alleviated through agency and policy changes at a macro level. Social work professionals should remain connected to the macro level of practice through their communities and understand the policies that govern or restrict their practice.

**Recommendations for Future Research**

It is recommended that future research focus on other factors that influence a mental health professional’s perception of life satisfaction of other mental health professionals based on findings in the previous research such as compassion fatigue, burnout, and vicarious trauma. As indicated in the review of relevant literature, compassion fatigue, burnout rate, and vicarious trauma all have been shown to impact life satisfaction and could potentially impact perceptions of life satisfaction as well. Due to time constraints for data collection and analysis, this research study was not equipped to survey these possible influences.
Secondly, it is recommended that future research in the areas of life and job satisfaction focus on implementation of practical interventions for the employing agencies to safeguard their employees from the harmful effects of burnout, compassion fatigue, and vicarious trauma. The development and implementation of such programs would be beneficial to both the agency and the individual employees in the areas of satisfaction and turnover. As demonstrated in previous research, the implementation of various programs that aim at improving working conditions for social work and related professionals has had positive effects on life and job satisfaction. It would be beneficial for future research to focus in on the development and implementation of practical interventions for community mental health professional since there appears to be a gap in empirical research on this topic and a great need amongst professionals in community mental health settings.

Finally, it is recommended that future research focusing on life satisfaction include an emphasis on life and job satisfaction changes over the span of a career in the mental health profession through possible longitudinal studies. It would also be pertinent to study the regional differences across the United States for life satisfaction in the mental health profession. Further research on regional differences and career span changes in life satisfaction would provide a glimpse into the array of factors influencing social work professionals. This would also be beneficial material for social workers making the transition from university and into the work place.
Study Limitations

As stated in Chapter 1, this study relied on the participation of community mental health providers through an electronically distributed survey. One limitation to this study was that based on the well-known high work loads of these professionals, receiving enough electronic surveys to accurately and thoroughly measure perceptions of life satisfaction was challenging. This study surveyed a smaller geographic distribution of mental health professionals and could be argued to not have captured all the dynamic differences seen between mental health professionals. The present study was primarily limited by the small sample size of respondents from the targeted population. Among the 395 agency employees provided the survey, merely 33 returned completed surveys. Mental health professionals typically have high case loads, limited time, and busy schedules, which impacted the return of surveys within the allotted time from.

Limited time for data collection was also a significant limitation in this research study. Graduate student research projects are limited to one academic school year which puts constraints on the amount of time that can be allotted to preparation, data collection, data analysis, and organization of the project by a university set deadline. With more time allotted for data collection it is possible that more completed surveys from mental health professionals at Turning Point may have been returned for data analysis.
Conclusion

In conclusion of this research project, the study of life satisfaction has been detailed in previous empirical research as a crucial matter to study for many reasons. As many social workers transition from the university to the arena of professional practice, the anxiety over finding employment that is stable and fulfilling is great. Social workers pick this profession not out of coincidence but out of a lifelong journey of caring for others and wanting to see change and growth in communities through direct practice and action. Having knowledge of the factors that influence lower life and job satisfaction is monumentally important for new social workers facing the challenges seen in social work practice for the first time. Through research, development and implementation of programs at the agency level, and policy reform it is hopeful that social workers will experience less burnout in this profession in the future.
To: Jessica Rice                                      Date: December 3, 2013

From: Research Review Committee

RE: HUMAN SUBJECTS APPLICATION

Your Human Subjects application for your proposed study, “Perceptions of Life Satisfaction of Community Mental Health Professionals”, is Approved as Exempt. Discuss your next steps with your thesis/project Advisor.

Your human subjects Protocol # is: 13-14-051. Please use this number in all official correspondence and written materials relative to your study. Your approval expires one year from this date. Approval carries with it that you will inform the Committee promptly should an adverse reaction occur, and that you will make no modification in the protocol without prior approval of the Committee.

The committee wishes you the best in your research.

Research Review Committee members Professors Maria Dinis, Jude Antonyappan, Serge Lee, Francis Yuen, Kisun Nam, Dale Russell,

Cc: Lee
APPENDIX B

Turning Point Community Programs Permission Letter

November 6, 2013

To the Division of Social Work Human Subject Committee:

This is to inform you that Jessica Rice has the permission to conduct her survey on the perceptions of life satisfaction of community mental professionals at Turning Point Community Programs.

We will be given an electronic form of the survey to be distributed and completed. The researcher will be contacted to pick up the surveys when they are completed.

If there are any questions, please contact researcher, Jessica Rice at (707) 407-9720 or jessicarice@csus.edu.

Sincerely,

[Signature]

Al Rowlett, LCSW, MBA, CPRP
Chief Operations Officer
APPENDIX C

Demographic Survey

Prospective Research Participant: This study is aimed at exploring the perceptions of life satisfaction of mental health service providers. Your participation in this study is completely voluntary and confidential. Consent is implied when the survey is completed, no confidential information will be collected, and you will remain anonymous whether you choose to participate or not.

Please enter your demographic information here and complete the short survey below.

1. Please specify your gender
   ___ Female
   ___ Male
   ___ Decline

2. Please specify your race/ethnicity
   ___ White/Caucasian
   ___ Hispanic or Latino
   ___ Black or African American
   ___ Native American or American Indian
   ___ Asian/Pacific Islander
   ___ Other: _____________
   ___ Decline
3. How long have you been a mental health service provider?______/years

4. How long have you been in your current position?_____ /years

5. Highest degree obtained: (Please circle)
   A.A    B.A    B.S
   M.S    MSW   PsyD
   MFT    PhD   Other:___________

6. How likely are you to stay in your current position with your current employer long term (more than 5 years)?
   ___ 5-Very likely
   ___ 4-slightly likely
   ___ 3-unsure
   ___ 2-slightly unlikely
   ___ 1-very unlikely
APPENDIX D

Perception of Life Satisfaction Survey

Below are several statements that you may agree or disagree with about other mental health professionals. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

• 7 - Strongly agree
• 6 - Agree
• 5 - Slightly agree
• 4 - Neither agree nor disagree
• 3 - Slightly disagree
• 2 - Disagree
• 1 - Strongly disagree

____ In my view, mental health service providers are working close to their professional ideal.

____ Mental health service providers are in the profession they want to be in.

____ In my opinion, the working conditions of mental health service providers are excellent.

____ Mental health professionals enjoy their work more than other professions.

____ Mental health professionals experience less conflict and unhappiness than other professionals.
In my view, the living conditions of mental health service providers are excellent.

Individuals working as mental health professionals are satisfied with their lives.

I would agree that mental health professionals have learned more about themselves as a person because of their career choice.

The mental health profession helps to provide employees with the important things they want in life.

In my opinion, mental health professionals are valued for the work they do with their communities.

Mental health professionals feel settled about their future in this field.

If someone working in mental health could live their life over, they would change almost nothing.

In my opinion, mental health professionals are fulfilled and satisfied with their lives.

Mental health providers have a greater sense of well-being about the direction in which their life is headed.

In my view, mental health professionals find new and worthwhile goals regularly.
REFERENCES


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