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Aligning Perspectives of Subjective Well-Being: Comparing Spouse and Colleague Perceptions of Social Worker Happiness

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Abstract

Social workers experience higher rates of burnout and attrition when compared to other health related occupational groups. Previous research on the well being of social workers has tended to focus on the social workers themselves. But the development of well-being is dynamic and is fostered through relationships and interactions with others. In the case of social workers, these relationships include workplace, professional, and personal life interactions. This research sought to better understand the level of congruence between a social worker's perspective of well-being and perspectives held by significant people in their workplace and at home. Utilizing qualitative methods we interviewed colleagues and spouses (n=10) of social workers that were found to have high levels of work-related subjective well-being. The findings support previous conclusions on the positive subjective well-being (SWB) of practicing social workers, but also indicate a lack of a deeper understanding of the nuances that contribute to social worker SWB. These findings are particularly useful for social workers trying to enhance their SWB, and have direct applicability in education and professional development settings that seek to enhance social worker self-care.

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Introduction

Occupational stress, burnout, and attrition are well-known phenomena in the social and health services (Bride, Radey, & Figley, 2007; Cink, 2008). Together, these situations can create social-psychological and physical risks for social workers, organizations, and service users (Lee & Ayón, 2004). For instance, occupational stress can lead to stress-related illness, emotional distress, cardiovascular disease, alcoholism, and even suicide among workers (Karasek & Theorell, 1990). Within organizations, occupational stress may manifest itself as absenteeism, staff turnover, and reduced performance (Clarkson & Hodgkinson, 2007)—all factors that affect organization and service user outcomes.

Attrition rates within the human services are a serious occupational situation. During the period of 1992–2001, American social workers were almost two and a half times more likely to leave their profession in a given year than nurses, and nearly two times more likely than teachers (Harris & Adams, 2007). In the United Kingdom, while the expected working life of a physician is 25 years and a nurse 15 years, it is only eight years for a social worker (Curtis, Moriarty, & Netten, 2010). But not much is being done by professional associations, workplaces, and schools of social work to help address the negative occupational outcomes

associated with the profession that lead to these high attrition rates; even though numerous studies have shown that happy workers are more productive workers and display other positive work behaviors (Russell, 2008; Wright, Cropanzano, Denney, & Moline, 2002). Instead, the impetus to maintain positive well-being is at the direct practitioner level and through discussions of individual social worker self-care by way of cognitive and behavioural adaptations.

Subjective Well-Being (SWB) is a latent construct within the social sciences that measures individual level happiness. Essentially, it acts as a measure of how people evaluate their lives (Diener, 1984; Diener, Duh, Lucas, & Smith, 1999). It is composed of emotional experiences and mental processes and decisions along with overall life satisfaction (Diener, 1984; Larsen & Eid, 2008). We utilize this theoretical framework to understand social worker well-being because it is more comprehensive than single measures of job or life satisfaction. Also, as Graham and Shier (2010a) point out, by building knowledge about those factors and conditions that social workers are evaluating, and which contribute to their overall perceived well-being, this can help identify strengths, which then can be leveraged towards improving working conditions in the field. Furthermore, SWB is a robust concept that involves not just those experiencing it, but also family and others who are important in that person's life (Diener, 2011). How people interpret their emotional experiences and understand their life satisfaction is a result of the varied interpersonal interactions that happen in day to day life.

Any attempts to address issues related to the perceived well-being of social workers should also include finding ways to enhance those interpersonal relationships in a social workers life. One place to begin is through investigation of the congruence between a social workers SWB and that of people in their day to day life. This research provides further and hitherto unexplored insight into SWB amongst social workers from the perspective of those individuals (i.e., spouses and work and professional colleagues) that are closest to the day-to-day lives of social workers. By maintaining alignment in perspectives between colleagues and spouses, these relationships can act to support social worker perceived well-being. We asked: In what ways is there congruence between the perspectives of social worker perceived well-being held by social workers and their spouses and colleagues?

Literature Review

Well-being is now more accurately understood as something experienced fluidly across life domains, with experiences in one domain impacting experiences in the other (Ilies, Schwind, & Heller, 2007). The boundaries between work and personal/family life have become even more permeable in recent years as the adoption of new technologies has increased both the variability and flexibility associated with work responsibilities, and has contributed to the creation of a 24/7 work environment for many managers and professionals (Fenner & Renn, 2010). Alongside these developments, ideas about work–life balance have garnered significant attention across academic disciplines and within business circles as this has become a key aspect to understanding worker well-being (Gröpel & Kuhl, 2009; Mescher, Benschop, & Dooreward, 2010).

Insight about social worker subjective well-being from the perspectives of spouses and colleagues of social workers will offer a more in-depth understanding of the social and personal contexts that create higher levels of practitioner well-being. Within present literature three life domains have been identified as impacting social worker subjective well-being. These include the social worker's professional, work, and personal life (Graham & Shier, 2010a, b; Shier & Graham, 2011, 2013).

SWB and Professional Self

The concept of occupational well-being has attracted researchers' attention because of its importance for understanding both employee and organizational dynamics (Fisher, 2010). Occupational wellness impacts an individual's health, decreases work-related illness, reduces turnover, increases level of performance, enhances customer satisfaction, and contributes to organizational citizenship behaviour (Anttonen & Vainio, 2010; Doble & Santha, 2008; Russell, 2008). To achieve these outcomes it is important to help employees orchestrate their occupational lives (Bateson, 1996), find balance in their occupations (Anaby, Backman, & Jarus, 2010), and meet their individual needs to achieve satisfaction (Doble & Santha, 2008).

Graham and Shier (2010a) provide some evidence of the ways these factors can be achieved in relation to the social work profession. They found that social workers with higher levels of perceived subjective well-being (SWB) associated occupational factors, such as adequate professional development opportunities, recognizing professional boundaries and practitioner limitations, and individual perceptions of professional self, among others, as contributing to their overall well-being. As a result spouses and colleagues perceptions of a social workers' subjective well-being should also consider these occupational factors that are distinct from the workplace issues that emerge in the day to day work life.

SWB and Work Self

Many aspects of working life can influence workers' subjective well-being; including social support, degree of responsibility for others, job security, amount of work, and the interface between home and work (Danna & Griffin, 1999). Also, taking into account the predominant role of work in people's lives, aspects related to the workplace can have a greater impact on overall life satisfaction than personal characteristics and family relationships (Pasupuleti, Allen, Lambert, & Cluse-Tolar, 2009). This might be especially true for social service personnel, who are dedicated to helping others. Likewise, people often choose avenues of employment because they identify with specific professional values and purposes and goals—and therefore have the opportunity to actualize certain parts of them in the work that they do every day.

A growing body of scholarship has tackled SWB in the social services workplace. The focus has been on the positive contributions made by the workplace environment, the nature of relationships at work, and aspects of worker jobs (like workload and the type of work) (Shier & Graham, 2011). More recently, Shier and Graham (2013) found that among a sample of social workers with low levels of SWB, decision-making processes within workplaces, the quality and nature of management and supervisory interactions within the organization, the expectations within the workplace, and access to adequate resources were key intra-organizational factors that contributed to social worker SWB. Therefore, we expect there to be some congruence in perspectives on social worker SWB between colleagues/spouses and social workers in regard to these intra-organizational structural aspects of the workplace along with the quality and nature of the relationships within the working environment.

SWB and Personal Self

Individual personal dynamics related to well-being include temperament, personality and goal striving (DeNeve & Cooper, 1998; Diener, 1984; Myers & Diener, 1995; Nettle, 2005). Personal considerations related to the more immediate social environment include factors such as social connectedness and spirituality and religion (Elliot & Hayward, 2009).

For social workers and other professionals, these personal aspects interface with professional factors in day-to-day life to create nuanced and rich experiences of well-being (Graham & Shier, 2010b). Furthermore, social scientists agree about the importance of social relationships across the life course (Myers, 1999). And research has demonstrated that socially intimate friendships increase health and happiness and decrease risk of premature mortality (Myers & Diener, 1995). Graham and Shier (2010b) also found that interpersonal relationships at work and outside of work are primary factors influencing the SWB of social workers.

Together, this literature suggests that higher levels of individual subjective well-being can be influenced by personality traits, finding a balance between different life domains (such as work and family life), religion and spirituality, and the quality and nature of social relationships. As a result, we expect there to be some congruence in the perspectives of SWB held by social workers with those held by their spouses and colleagues around these personal life factors.

These three areas pertaining to the SWB of social workers within the literature suggests that social worker happiness is a complex phenomenon, comprised of interpersonal and intrapersonal aspects of their work, profession, and personal lives. However, one limitation within this literature is there remains no investigation of how colleagues and intimate partners perceive social worker SWB. Aspects of professional, work-related and intimate personal relationships have been identified within this literature as being key factors contributing to social worker perceived well-being. As a result, further research is needed to determine if there is congruence with colleague's and intimate personal partner's perceptions with social worker perceptions of their subjective well-being.

If the people in a person's immediate social network have different perspectives about what is being evaluated and contributing to their positive SWB, this can act as a limitation to creating more positive life experiences for social workers. For instance, perspectives held by colleagues about social worker SWB can interfere (unknowingly) with developing positive workplace dynamics. Likewise, given the important role that spouses can play in how people evaluate their experiences and environment, interpretations of social worker well-being held by spouses can impact how a social worker's negative experiences are interpreted, processed, and problem-solved. The findings will have implications for social worker self-care efforts, by aiding in the development of an understanding of how their personal life social interactions contribute to their overall perceived well-being (which can have consequences for them in their workplace) based on the extent of congruence in perspectives. Likewise, the findings will have implications for workplaces in developing more supportive workplace interaction processes that can be supportive of social worker subjective well-being.

This topic was developed from a larger research agenda of better understanding the factors within a social worker's personal, work, and professional lives that can be supportive of more positive occupational outcomes among workers. As previously stated, in the absence of more institutional approaches (such as by educational institutions, workplaces, or professional associations) to addressing the high prevalence of negative occupational outcomes among social workers, we sought to create a comprehensive agenda of research that aimed to empower social workers to understand the dynamic relationship between these three intersecting domains of their lives and their overall perceived well-being.

Methods

This research follows on previous research conducted with 13 social work informants (Graham & Shier 2010a, b; Shier & Graham, 2011), and focuses on the spouses and colleagues of those practitioners. Methodologically, the study represents a qualitative comparative design (Creswell, 2007), which sought to compare findings from two studies utilizing similar methods

with different samples (as an example, see Graham, Shier, & Brownlee, 2012). This approach is used here because the focus of the study is on the similarities and differences between spouses and colleagues' interpretations of the factors that a social worker is evaluating and those that the social worker is evaluating in an assessment of their own SWB.

In 2007, 25 social workers that had previously participated in a quantitative research study measuring the SWB of social workers in Alberta, Canada were contacted by the authors for follow up interviews (Graham & Shier, 2010a, b, Shier & Graham, 2011). The social workers selected had the highest scores for SWB of the 646 participants in that study. Thirteen of the 25 social workers that were contacted participated in in-depth interviews. Through analysis of that interview data, several themes (related to personal, professional, and workplace dynamics) were identified as contributing to high levels of social worker SWB (Graham & Shier, 2010a, b; Shier & Graham, 2011). As a follow-up to those initial social worker interviews, this present study with spouses and colleagues was conducted in the summer 2010 with a purposive sample of spouses and colleagues of the original 13 social work participants. The spouses and colleagues that participated were identified by the social workers that were interviewed in 2007. Five spouses and five colleagues participated in the study. This research received ethics certification from University of Calgary's Conjoint Faculties Ethics Review Board.

The semi structured interview guide utilized to interview the social workers in the previous research was used as the foundation for the interview guide with spouses and colleagues. We utilized a similarly focused interview guide because the intention of the research was to compare perspectives. Using this guide, in-depth interviews were conducted with the colleague and spouse contacts. Open-ended questions were asked and focused specifically on the participants' own experiences of the social workers' SWB, and what they felt contributed to or detracted from SWB for the social workers, both at work and outside of work. Specifically, participants were asked questions about what worked for and against the particular social worker's SWB, how the participant experienced the social worker's SWB, and how the social worker's SWB was influenced by personal and work-related factors. The intention of these questions was to identify the factors that the colleagues and spouses believed the social workers were evaluating in what contributed to their SWB.

The interviews were transcribed verbatim and analyzed using thematic analysis (Braun & Clarke, 2006). Constant comparative analysis (Thorne, 2000) was used to identify themes within the transcribed interviews relating to the participants' perspective of the SWB of the affiliated social worker, with a theme understood to represent a unit of meaning within the text related to the research purpose (Braun & Clarke, 2006). Themes were grouped into metathemes that reflected the relation of certain themes to each other. The themes and metathemes were also compared to the themes identified in the interviews with the high SWB social workers, illuminating convergent findings. This part of the analysis involved deductive content analysis (Elo & Kyngas, 2008), wherein the coded transcripts were looked at for examples of convergence and divergence from the social worker interviews. Metathemes were grouped into the categories of SWB and the professional self, SWB and the work self, and SWB and the personal self.

Utilizing the trustworthiness criteria to assess quality. First, the themes were coded and the data were reviewed for instances of the same or similar phenomena, then the data were condensed into more general categories that were refined until all instances of contradictions, similarities, and differences were explained, thus increasing the dependability and consistency of the findings (Lincoln & Guba, 1985). The research team collaboratively worked on this stage of the research to maintain the credibility criteria of the study (i.e., discussing the rationale for determining particular themes that emerged). That is, two members of the research team independently coded the data, keeping notes about their own thoughts and impressions of the

themes (i.e., field notes), and then consulted with each other. A saturation of findings was achieved after the five interviews in each participant category.

No ethical issues emerged while undertaking this research. Respondents were not informed of what their social worker spouse or colleague had reported, nor had the social worker been informed if their spouse or colleague had participated in the research.

Limitations

This research was primarily exploratory, further research is necessary to explore the direct implications of the presence of congruence or divergence in perspectives of SWB by spouses and colleagues in relation to those held by social workers.

While this research follows a qualitative method, and the intention is never to generalize to the wider population, the small sample size can introduce further bias into the results. For instance, a larger sample may not support the conclusion that there is a lot of congruence between the perspectives of spouses and colleagues and that of the social workers. Or, there may not be similar conclusions made if we included a sample of spouses and colleagues among social workers who reported lower levels of perceived well-being. In fact, because our sample was comprised of spouses and colleagues of social workers who reported high levels of SWB, their high levels of SWB might in part be attributable to the fact that there is a high level of congruence between the perspectives, and this congruence acts as a supportive factor in maintaining high levels of SWB. All of this was beyond the scope of this study, and certainly leads to further questions.

Findings

SWB and the Professional Self

Respondents identified three subthemes under the metatheme of SWB and the social workers professional self. These included:

- professional identity,
- understanding the professional role, and
- overall professional outlook.

Professional identity

Positive professional identity has been found to increase an individual's ability to cope with stress and adversity, nurture creativity, and support adaptation to new work settings (Dutton, Roberts, & Bednar, 2010). Individuals strive to create positive work identities even under challenging circumstances and in environments that do not facilitate such development (Dutton et al., 2010). From the initial interviews with social workers who had high SWB, (Graham & Shier, 2010a) it was found that a strong identity as a social worker positively contributed to SWB and improved social worker satisfaction even when working in a challenging work environment. Graham and Shier (2010a) also identified that a strong connection between professional and personal life was related to the social workers' high SWB. We found similar phenomena in this study. The spouses and colleagues of the high-SWB social workers repeatedly mentioned the enhancing effect of professional identity on the social workers' well-being. For instance, one spouse described the role of professional identity in individual sense of self:

> When we took a sabbatical last year and we were looking at early retirement, I think for [name of social worker], going back to work was a very important continuation of a sense of well-being and involvement in the community. . . . her professional and work involvement is a big part of who she is. (ID08spouse)

Another spouse similarly described how the professional social work identity becomes manifested in overall well-being.

> I think what causes her stress is her strong commitment to the well-being of others and I think she just goes out of her way too much (laughs). I think she is probably not giving the same kind of care to herself as she does to others. . . . Her personal and professional SWB are extremely related. There's very little difference. Her professional orientation and her personal orientation are part of her personhood. (ID06spouse)

The intersection between personal values and beliefs and professional identity and role is a useful point for an enhanced understanding of overall individual satisfaction with life and perceived well-being. Further research is necessary to better understand this personal and professional overlap and how each area contributes to ongoing satisfaction at work. Likewise, further insight from colleagues and other supervisors on their understanding of this personal and professional intersection could help focus on ways to incorporate a higher level of understanding about this intersection in the social work workplace.

Understanding the professional role

While identifying deeply with their supportive role, acknowledging the limits of helpfulness may allow social workers to release feelings of responsibility for clients. Graham and Shier (2010a) identified that recognition of professional limitations within helping relationships with clients supported high SWB. In this research, one colleague described how the high-SWB social worker knew when to decline clients' requests and was able to do so without debilitating anxiety:

> I know there's been times when she's said no. . . . "I can't refer you anymore, there are some other options," and she'll go through the options with them. I guess it's a matter of recognizing that sometimes there's just not a whole hell of a lot we can do. We can only do so much. (ID02colleague)

Constructing a healthy perspective on the professional role facilitates well-being. This is something that was recognized by some of the colleagues interviewed in this study, and remains something highlighted by the high-SWB social workers from the initial study (Graham & Shier, 2010a). These consistent findings suggest that there is some understanding in how social workers maintain high levels of SWB in workplaces where role demands are high and role conflict and ambiguity are commonly experienced phenomenon.

Professional outlook

Graham and Shier (2010a) found that values, worldviews, and practices underlying social work practice supported the happiness of the high-SWB social workers. These social workers identified aspects of their training and their professional role that helped to maintain high levels of SWB. We found similar phenomena here but with less direct linkages to

individual perceptions of their professional role and goals and social work training and education. Respondents did highlight though that the high-SWB social workers had passion for their work, valued creativity, and focused mostly on strengths in their practice—all of which contributed to their high sense of SWB. For instance, one respondent described how the social worker was very passionate about their work and this impacted their professional outlook— possibly sheltering them from negative workplace experiences like burnout:

> When he talks about his work and his school, he speaks very passionately about it. He could probably talk a long time about what he does because he just seems to really enjoy it. (ID02colleague)

Another respondent identified the role of creativity and problem-solving in direct practice as helping to facilitate high levels of SWB. While these may be aspects of professional training, some colleagues seemed to recognize them as individual personality characteristics:

> I don't think that limits him. I think he will approach something from a different perspective. So he can create more than one means to an end. So if he can't go straight down the road, I can see him turning right and going around. To me that's creative thinking where he's willing to be flexible and try other things. (ID03colleague)

Some respondents also highlighted how the social workers with high SWB primarily focused on strengths. Focusing on strengths is important in social work practice, and was seen as improving the well-being of some of the social workers. Furthermore, as one spouse described, working with clients could be a way to focus on what is important in life:

> Working with her clients probably enhances her SWB. She's very helpful to her clients and also learns from them. It increases her sensitivity in terms of what's important in life. (ID06spouse)

While colleagues and spouses recognized some aspects of this phenomenon, they also tended to associate it with individual characteristics and personality traits and not explicitly associate it with individual training and education. Increased awareness of social work education and training in workplace settings might help improve occupational wellness by creating a more informed environment of social work approaches and methods that have been identified by high-SWB social workers as contributing to their well-being. Also, it might be useful for further research to investigate the difference between workplace environments that support social workers to maintain their professional values and allow social workers to follow professional approaches and theories with those workplaces that do not.

SWB and Work Self

Respondents identified three subthemes under the metatheme category of SWB and the social worker work self. These included factors associated with the work environment, interpersonal relationships with colleagues, supervisors and service users, and aspects specific about the work context.

Work environment

Numerous work environment factors are linked to increased stress and decreased

worker well-being, including but not limited to, dynamics such as too much or too little work, unsupportive managerial cultures, discrimination, and poor working conditions (Cooper & Cartwright, 1994; Smith, Kaminstein, & Makadok, 1995). Across the human services, unique occupational stressors emerge in the work environment, including role conflict, role ambiguity, inadequate administration, unmanageable workloads, and excessive bureaucracy (Coffey, Dugdill, & Tattersall, 2009).

While spouses and colleagues of social workers interviewed for this article echoed the impact of organizational dynamics expressed by the social workers (Shier & Graham, 2011), they focused more on excessive bureaucracy as an inhibitor of social worker SWB. Specifically, working in an unhealthy organizational environment, seen to be exemplified by a bureaucratic rather than a client-centred focus, was recognized as inhibiting the social worker's SWB. For instance, one respondent described:

> Working in a toxic kind of professional environment, working within bureaucracies that inhibit collaboration, inhibit creative thinking, or inhibit meeting the needs of clients. I think often times working in large bureaucracies the focus is on fulfilling the objectives of the organization rather than the needs of the clients. So that would be a real challenge. I know that was a challenge for (social worker). (ID01colleague)

Similarly, general program funding may present similar trials, as a colleague explained in regards to aspects of the social worker's workplace that were not supportive of SWB:

> Not supportive, well the only one I can kind of think of might be the funding for her program. The reason I say that is because the funding is very restrictive. Because of her nature there are things that she does or wants to do that are not totally outside the boundaries but they're pushing the limit. (ID02colleague)

While many social workers, spouses, and colleagues identified excessive bureaucracy and administrative demands as factors that detracted from SWB, one spouse spoke of his partner's focus on order within organizations and her enjoyment in writing reports, stating:

> She's really involved in writing reports and doing reports. She likes the process because it's so interesting. There's rules and regulations, she's really enjoying that. (ID10spouse)

This divergence in the themes of bureaucracy and administration may be due to issues of person-job fit, which are discussed below.

Interpersonal relationships

Research has shown that feelings of relatedness at work positively influence work motivation, which in turn decreases emotional exhaustion and increases work satisfaction (Richer, Blanchard, & Vallerand, 2002). Furthermore, studies have demonstrated that social support in the human services facilitates well-being, while a lack of support or challenging interpersonal relationships act as sources of stress and contribute to dissatisfaction and even burnout (Guerin, Devitt, & Redmond, 2010).

From their interviews with social workers who had high SWB, Shier and Graham (2011) singled out the following subthemes of the broader category of interpersonal relationships at work: connection with clients, relationships with colleagues, and interactions

with supervisors. Again, similar phenomena were found in this study. When the spouses and colleagues were interviewed, however, it was revealed that, although the importance of focusing on client strengths and learning from clients were mentioned, the main focus was more on collegial and supervisory support than on connections with clients.

Many participants in this study suggested the need for a supportive system of work relationships. Both colleagues and supervisors were seen as potentially rich sources of support for the social worker's SWB, but supervisors in particular were seen as being either a source of support or a source of stress. One supportive supervisor was identified by a colleague as enhancing the social worker's SWB:

> We grow into the work that we do with the clients and that changes all the time. I think the support from the ED is always there. I think we were extremely lucky in who we had for an Executive Director and all have a little bit of trepidation about what will happen with the change. (ID02colleague)

Supportive colleagues were also seen to enhance the social worker's SWB:

> I think he had some very supportive colleagues…I see that they interact in a positive way, they provide moral support for the work that he does. (ID03colleague)

How social workers facilitated collegial relationships and having a sense of inclusion also were perceived to contribute to the social worker SWB. As was a belief that having supportive colleagues collaborating to meet client needs. Other respondents described the role of having positive feedback and support in the workplace. Essentially, spouses and colleagues recognized that interpersonal relationships within work environments between colleagues and supervisors are a component of social worker satisfaction.

Aspects of Work

Shier and Graham (2011) identified workload and type of work as impacting on the high SWB group of social workers. While workload is an established stressor in the health and social services, being able to pursue meaningful work activities may be more important than sheer workload (Shier & Graham, 2011). When discussing factors that could negatively influence social worker SWB, issues related to workload were raised. For example, one colleague commented on how administrative demands had the potential to take the social worker away from client care activities and reduce the social worker's SWB:

> Sometimes we're so busy with meetings and also the written work that we have to do, that we might not allow her enough time to pursue working with families (i.e., clients) as much as she wants. (ID04colleague)

Another colleague noted balancing the support needs of clients as a potential obstacle to SWB. It was also believed that the social workers needed to find practice settings that were a fit for what they wanted and needed occupationally. For instance, one respondent described:

> With regard to (social worker's) relationship to his profession—that too is something that has changed dramatically over the years. When he first started out as a social worker in the mid 80's, he was three years in Child Protection. When he left Child Protection he swore up and down that he would never return

> to social work. To his mind that was what social workers did . . . . He loves
> counseling, he is really finding his niche and I don't think that 15/20 years ago
> he would have expected to find himself a) back in social work and b) doing
> counseling with the kind of angle that he's pursuing at a graduate level.
> (ID05spouse)

General workload demands and a lack of time for reflection was also identified by other colleagues as detracting from social workers' SWB. Also, opportunities to pursue different work roles and practice in various work contexts were identified as having the potential to enhance SWB, which is highly congruent with the results of Shier and Graham (2011); that role variety is important in addition to objective work-load.

SWB and Personal Self

Four subthemes emerged in the data that describe different personal life aspects of what social workers perceive as impacting their well-being. These include a practitioner's ability to find a personal balance between work demands and personal family life, individual temperament characteristics, self-care behaviors, and involvement in social support networks.

Balancing work and personal life

The pressures of managing multiple domains of life, which may act in support of or in conflict with each other, is a challenge for workers; and conflict between domains can negatively impact employee health (Frone, Russell, & Barnes, 1996). For instance, interference between work and family life has been associated with deleterious health dynamics such as psychological distress, poor subjective health, and heavy alcohol use (Major, Klein, & Erkhart, 2002). Negotiating boundaries around work and non-work roles is part of managing modern working life. In this study, some participants related the role of creating separation between work and personal life in enhancing the social workers' SWB:

> She doesn't bring home her work. . . . Work is work, that's the way she copes
> with it. A lot of people you see, they're always either mumbling or grumbling
> about work, and they're totally consumed. She can come home and kind of drop
> and leave it, which is very interesting to me. Like there's a switch. (ID10spouse)

Participants saw maintaining these appropriate limits as signaling competence in addition to enhancing well-being. We found that the participants linked the social workers' high SWB to their ability to prevent spillover from home to work and work to home. However, sometimes spillover from work to home took place even despite the social worker's best efforts to separate work and personal life and this noticeably impacts an individual's SWB:

> I notice if things aren't going well at work. If she's overloaded at work. She
> becomes very quiet and draws herself in. She doesn't really say too much. . . .
> Some days there's trouble at work when you're dealing with different people.
> She won't really say. It's like, "well, it was okay." But I can tell by the tone of
> her voice that it must be grief in some of the other homes. (ID10spouse)

Some respondents also described the need to take breaks, such as holidays, to help balance the work–personal life interface. In addition to the restorative benefits of regular holidays, rest periods during the course of the regular work week were identified as important

to recovery from ongoing demands. According to our participants, sometimes just taking a lunch break is helpful:

> She takes time to have lunch, which is not something I always do. She always takes time to have lunch. She brings food from home. She does take the time for herself. I think she knows her limits in terms of when she needs to say "no" to something. Probably a little better than I do. (ID02colleague)

These findings related to balancing work and personal life-related issues are consistent with Graham and Shier's previous study (2010b). The social workers in that study also identified the need to create this balance. It is important to note that this balance is individually determined by the needs, extra-work roles, and capabilities of the individual practitioners as well as the demands of their workplaces and areas of practice (Graham & Shier, 2010b).

Individual temperament characteristics

Personality traits, or characteristic ways of responding to the environment, that have been found to positively correlate with SWB include extroversion, self-esteem, sense of autonomy/personal control, optimism, agreeableness, conscientiousness, emotional stability, trust, desire for control, and hardiness (DeNeve & Cooper, 1998; Diener, 1984; Nettle, 2005, Myers & Diener, 1995). In this study, the participants linked multiple traits with the social workers' high SWB: characteristics such as calmness, optimism, cheerfulness, and high energy. In particular, sense of humor, extraversion, and love of learning were mentioned repeatedly. Other traits, like sensitivity for example, were mentioned as a challenge for the social workers. For example, participants spoke of the social workers' abilities to invoke humor as contributing to their high SWB:

> He jokes around. He makes fun of it. He makes light of the (stressful) situation. (ID03colleague)

> She has a wonderful sense of humor and the majority of times is in very good spirits. (ID06spouse)

Others described how the social worker was extroverted and always cheerful and some described how having a deep commitment to continuing professional education and personal development contributed to the social workers' high SWB:

> He's in a phase of doing a lot of self-examination as he goes through his master's degree. . . . I've noticed that there's extra happiness that comes out of that. . . . He discovered artwork and he's discovering himself. Different aspects of himself that he wasn't aware of, or that hadn't really come through before, that help him express who he is. (ID05spouse)

Self-care behaviors

The importance of professional self-care is supported by the scholarly literature across the helping professions (Campbell, 2007; Shiparski, 2011). But whether helping professionals consistently apply self-care in their day-to-day work is not certain (Figley 2002). Respondents identified aspects of self-care that contributed to the well-being of the social worker participants. For some, physical health was identified. One respondent described:

> Physical exercise—[social worker] tries to walk for half, three-quarters of an hour three times a week. That certainly makes her feel a lot better, more alert, and aware of the natural environment around us, which I think is important, and she seems to enjoy it. (ID08spouse)

Related to physical health, as well as the previous category of work–personal life balance, respondents also identified participation in recreational activities as an aspect of the social workers' self-care routine. Participants often shared that the social workers had numerous recreational interests, which enhanced well-being.

These findings are similar to the responses provided by the social workers initially interviewed (Graham & Shier, 2011b). For the practitioners interviewed, maintaining self-care was an important component for determining the balance level achieved in the work–personal life interface. Like this balance, self-care was very personal and varied among the participants.

Involvement in social support networks

As described in the literature review, relationships with family and friends can enhance SWB for many people. Participants identified both family members and friendships as contributing to the social workers' high level of SWB. With regard to family members, positive and supportive family relationships emerged as a source of SWB, while the occasional strained family relationship caused distress. Teamwork was central for one couple:

> We work together on things in our personal life and either one of us always has the right answer, it's usually a group decision, the two of us. It's a husband-and-wife decision when we make decisions and we always talk things through. (ID09spouse)

The participants frequently mentioned ongoing contact with children and grandchildren:

> We have two children and this continuous contact with our family. Both are not living in the city but there's continuous contact and every year for the past 30 some off, they come home for the holidays. We'll be doing it this year as well. (ID06spouse)

Participants also described the importance of maintaining regular contact with friends as a contributor to well-being:

> [Social worker] had many friends. She makes a point of maintaining contact with those friends. She knows that in order to maintain friends she has to have contact with them. (ID06spouse)

Just as supportive friendships enhanced well-being, loss of contact with friends was experienced negatively:

> He doesn't seek out friends. We have a lot of family friends, you know—other parents, our kids know each other and all that. . . . [Social worker] doesn't pick up the phone and call a buddy of his to talk things out. He doesn't have the status of relationship any more. I think to an extent that's what's frustrating for him. (ID05spouse)

These findings are similar to those identified by the social workers. In the initial study, social workers identified positive family relationships and interpersonal dynamics in the workplace as having a substantial impact on their well-being (Graham & Shier, 2010b). However, the relationships do not need to always be positive as they are described here by spouses and colleagues. Having the ability to negotiate relationship challenges likewise positively impacted individual SWB among the social worker participants.

Discussion and Conclusion

Key themes in occupational well-being research reflect that this field is still evolving as scholars put significant effort into developing definitions, theories, and measurements of occupational health (Anaby, Backman, & Jarus, 2010; Kline & Graham, 2009). The traditional focus on occupational stress, burnout, and depression is still prevalent (Sackey & Sanda, 2009), but interest in the relationships between interpersonal interactions, affective experiences, and social support is growing (Dimotakis, Scott, & Koopman, 2011; Graham & Shier, 2010a/b; Paschoal, Torres, & Porto, 2010; Shier & Graham, 2011a). In addition, researchers are attempting to understand the relationship between SWB and occupational well-being (Graham & Shier, 2010a/b; Nielsen, Smyth, & Liu, 2011; Russell, 2008) and argue for new approaches grounded in social work principles to understand occupational well-being more fully (Bates & Thompson, 2007; Faul, 2002; Straussner, 1990). Previously unrecognized factors influencing employee well-being are now becoming a focus for research, including non-financial aspects (Helliwell & Huang, 2010), job attitudes (Leavitt, Fong, & Greenwald, 2011), the role of an ethical organizational culture (Huhtala, Feldt, Lämsä, Mauno, & Kinnunen, 2011), leadership style (Nyberg, Holmberg, Bernin, & Alderling, 2011), and organizational structure (Zotti, Omarini, & Ragazonni, 2008). This research similarly supports alternative measures of occupational well-being, supporting a model to address occupational health in more holistic ways. And in particular, by recognizing the implications of interpersonal relationships and dynamics on an individual's perceived well-being.

While spouses and colleagues had some indication of the professional factors that contribute to social worker well-being, their insights appear to be limited; capturing some general ideas without a comprehensive understanding. Recognizing that SWB encompasses not only people's individual perceptions of their well-being, but also the relationships with people closest to them and their perceptions, opens up new discussions to help improve upon individual overall wellbeing. This is important for occupational wellness research, in that it supports the development of a deeper understanding of the SWB of another individual and also of the role of interpersonal relationships in supporting the SWB of others. Having a full understanding of what contributes to another person's (whether from a different occupational group or the same) SWB in the workplace can lead to better workplace practices that support the development of individual SWB.

Respondents expressed that bureaucracy and managerialism may detract from social worker well-being (while this was not a unanimous conclusion) and that support from colleagues and supervisors enhanced well-being. Colleagues supported each other, buffering stress by providing feedback, connection, and solving challenging situations together. It was believed that social workers needed to find ways to balance their caregiving role while supporting multiple high-needs clients. Excessive administration was perceived as stifling, but having the opportunity to practice in different roles was valuable. Missing was the perceived value the social worker placed on the relative impact or importance of their efforts in the lives of service users, something identified as critical by the high SWB social workers themselves. Further research into the implications of this disconnect between what individuals evaluate in

their lives and what those closest to them perceive they are evaluating is warranted. With regard to the less full perspective held by spouses and colleagues, putting effort into aligning them with those held by the social worker might facilitate the development of more supportive workplace environments (or an environment at home in which workplace issues can be adequately assessed); environments that are conducive to promoting SWB and possibly avoiding negative workplace situations like burnout and occupational stress. If individuals in supportive roles within the workplace or within the social worker's personal life have different perspectives on what contributes to a social workers perceived well-being their supportive role may not be fully conducive to the development of positive SWB.

There are areas in which workplace SWB could be enhanced. For instance, in the workplace more dialogical processes of understanding worker well-being might need to be incorporated to better get at the social workers' perspectives on how they are evaluating their workplace experiences (and lives generally). This can be particularly important in inter-professional practice settings where social workers have distinct roles in relation to the other professional disciplines. Likewise, efforts can be made at the workplace through team and supervisory meetings to include discussions and training about the roles and demands of social workers within the organizational context. Also, considering the importance of how people evaluate their lives in relation to individual wellbeing, these findings suggest the need for social workers to be clear about those factors that they are evaluating, identify what is important to them, and inform other people at work and in their personal life about those aspects. By being clear and direct about those aspects of work that are negatively (or positively) impacting their SWB with colleagues and spouses, more supportive relationships can be developed. And since interpersonal relationships are a key aspect of individual SWB, it is within these relationships – at work and in the home – where positive SWB can be developed.

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