REPORT | June 2022

Home Visitor Professional Well-Being

What It Is and Why It Matters

Supporting and Strengthening the Home Visiting Workforce (SAS-HV) Phase 1 Final Report

OPRE Report 2022-102

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Contents

Executive Summary 1
Introduction 1
Primary Research Questions 2
Methods 2
Key Findings and Highlights 3
Recommendations 5

Introduction 8
Overview of Project Goals and Tasks 9
Roadmap of the Report 12

Literature Review 14
Literature Review Methods 14
Overview of Included Articles 15
Literature Review Findings 17
Limitations 34

Conceptual Model 39
Approach to Developing the Conceptual Model 40
Overview of the Conceptual Model 41

Environmental Scan 56
Environmental Scan Methods 56
Overview of Included Materials 57
Environmental Scan Findings 59

Summary, Gaps, and Recommendations for Future Work 77
General Findings, Gaps, and Recommendations 77
Dimensions of Professional Well-Being 79
Key Drivers of Professional Well-Being 80
Individual Home Visitor Factors 82
Outcomes 83
Conclusion 84

Appendix A. Summary of Engagement Activities With Practitioners, Individuals Who Support Practitioners, and Consultants 85
Engagement of Practitioners and Individuals Who Support Practitioners 85

Consultant Engagement 87

Appendix B. Literature Review Methodology 91
Database Search 91
Snowball Search 91
Review of Literature From Existing Projects 92
Review of Materials From Consultants and Stakeholders 92
Eligibility Criteria 92
Data Extraction 94

Appendix C: Summary of Home Visiting Studies 96

Appendix D. Conceptual Model Methodology 100
Existing Conceptual Models 100
Broader Literature 103
Engagement With Practitioners and Consultants 105

Appendix E. Environmental Scan Methodology and List of Included Materials 114
Environmental Scan Methodology 114
Detailed Tables 118

References 156

Exhibits

Exhibit ES.1. Conceptual Model of Home Visitor Professional Well-Being 4

Exhibit 1. Key Project Tasks and Goals 11

Exhibit 2. Field of Study for Included Articles 16

Exhibit 3. Research Study Designs of Included Articles 16

Exhibit 4. Definitions of Well-Being Provided in Articles 17

Exhibit 5. Commonly Examined Constructs That Relate to Professional Well-Being 20

Exhibit 6. Home Visiting Studies That Examined Constructs Related to Professional Well-Being 20

Exhibit 7. Significant Associations Between Influential Factors and Constructs Related to Professional Well-Being 26

Exhibit 8. Reviewed Home Visiting Studies That Examined Influential Factors for Constructs Related to Professional Well-Being 27

Exhibit 9. Significant Associations Between Constructs and Workforce Outcomes 30

Exhibit 10. Significant Associations Between Influential Factors and Workforce Outcomes 31

Exhibit 11. Reviewed Home Visiting Studies That Examined Workforce Outcomes 31
Exhibit 12. Conceptual Model of Home Visitor Professional Well-Being 42
Exhibit 13. Example Influential Factors Within Key Drivers Across Levels of the Home Visiting System 48
Exhibit 14. Types of Materials Identified in Scan 58
Exhibit 15. Types of Materials by Field of Study 59
Exhibit 16. Dimensions of Professional Well-Being Addressed in Materials 60
Exhibit 17. Drivers of Professional Well-Being Addressed in Materials 60
Exhibit 18. Components of Professional Well-Being Addressed by Included Measures 69
Exhibit 19. Example Items Measuring Psychological Well-Being 72
Exhibit 20. Example Items Measuring Drivers of Professional Well-Being 73
Exhibit A1. Considerations for Selecting Participants 85
Exhibit A2. Engagement Strategies for Each Group 86
Exhibit A3. Participants Engaged 86
Exhibit A4. Consultant Groups and Areas of Expertise 88
Exhibit A5. Consultants and Their Affiliations 89
Exhibit B1. Search Terms for Professional Well-Being 91
Exhibit B2. Search Process 93
Exhibit B3. Data Extraction Categories 94
Exhibit D1. Examples of Conceptual Models Reviewed 100
Exhibit D2. Examples of Broader Literature Informing the Conceptual Model 103
Exhibit D3. Feedback on Conceptual Model From Consultant Engagement Sessions 106
Exhibit D4: Input on Conceptual Model From Practitioners and Individuals That Support Practitioners 111
Exhibit E1. Terms Used for Web-Based Searches 115
Exhibit E2. Environmental Scan Data Extraction Fields 117
Exhibit E3. Summary of Trainings 118
Exhibit E4. Summary of Resources 126
Exhibit E5. Summary of Strategies 133
Exhibit E6. Measure Profiles 137

Executive Summary

Home visiting increasingly looks to staff "well-being" to strengthen its workforce, yet similar to other fields, it lacks a clear, consistent definition of well-being and what it entails. Viewed broadly, well-being comprises multiple domains—including physical, emotional, intellectual, social, financial, and spiritual well-being—across the various contexts of a person's daily life. This breadth makes it challenging to define, assess, and increase well-being and to gauge the impact of related efforts. The Supporting and Strengthening the Home Visiting Workforce (SAS-HV) project instead focuses on "professional well-being," specifically the (1) workplace experiences unique to home visiting and (2) how they influence dimensions of well-being that affect home visitors' practice with families.

Introduction

The SAS-HV project seeks to identify gaps in knowledge about home visitor professional well-being and to develop a conceptual model to support future research, policy, and practice.[i] The Office of Planning, Research, and Evaluation awarded the contract to James Bell Associates, in partnership with Johns Hopkins Bloomberg School of Public Health, MDRC, and the University of Colorado Denver.

Report at a Glance

Audience. Practitioners and researchers

Purpose. Describe current knowledge; present a newly developed conceptual model of home visitor professional well-being; and advance understanding of how to support and strengthen professional well-being in the field of home visiting

Key activities. Targeted literature review of 116 articles and pieces of gray literature; conceptual model based on literature review findings and other resources; and environmental scan of 86 trainings, resources, strategies, and measures

Takeaways and recommendations. The field needs a definition of home visitor professional well-being that includes key dimensions of well-being associated with workplace performance and staff retention.

Researchers need to focus on professional well-being in the home visiting context and to design studies that examine causal associations between dimensions of professional well-being and desired workplace and workforce outcomes.

Home visitors' professional well-being may benefit from supervisor support, adequate pay and benefits, role clarity, and flexibility and autonomy in carrying out job roles and expectations.

[i] The project includes a dual focus on reflective supervision, which will be presented in a separate report.

Primary Research Questions

Five research questions guided the project and its key tasks:

1. How does the literature define professional well-being? What are key dimensions of professional well-being? What are identified gaps in existing literature?
2. What factors promote or hinder professional well-being?
3. How does professional well-being affect workforce performance and outcomes?
4. What trainings, resources, and strategies are in use within home visiting and related fields to promote professional well-being? What are gaps in existing trainings, resources, and strategies?
5. How do researchers and practitioners measure professional well-being? What are gaps in existing measures?

Methods

The project team ("we") completed a literature review of 116 articles and pieces of gray literature to understand how home visiting and adjacent fields, such as child welfare and early childhood education, address aspects of professional well-being (see box). Preliminary findings helped inform development of our conceptual model. We also reviewed existing conceptual models and relevant theories and engaged with local program staff, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) awardees, Tribal MIECHV grantees, home visiting model representatives, training and technical assistance providers, and project consultants.

We concluded with an environmental scan of the field to assess the availability and nature of trainings, resources, strategies, and measures ("materials") that promote or measure home visitor professional well-being (see box). The scan examines the extent to which existing materials address key components of the newly developed conceptual model and where there are gaps.

Literature Review Steps

1. Systematic searches of scholarly databases
2. Snowball searches of reference lists of included articles identified in database searches
3. Targeted search of gray literature, such as home visiting reports and MIECHV state-led evaluation reports
4. Input from local program staff, home visiting model representatives, training and professional development providers, and project consultants

Environmental Scan Steps

1. Public call for information about relevant materials
2. Targeted website searches of 18 organizations, entities, and efforts
3. Series of web-based searches using a list of predetermined search terms
4. Exploration of relevant materials identified in the literature review

Key Findings and Highlights

The following sections organize notable findings by project task. We refer to the conceptual model information as highlights, rather than findings, because they are based on the model developed for this project rather than on existing research or materials.

Literature Review Findings

Research on professional well-being within the home visiting field is lacking. Most articles focus on common workforce concerns, such as burnout and turnover, rather than on defining or examining professional well-being. Most of the literature is correlational and cannot conclude that workplace factors or contexts have a causal association with outcomes of interest.

The available literature showed several factors that may *promote job satisfaction and staff retention*: positive organizational climates, organizational and supervisor support, and adequate salaries and benefits. It also identified factors associated with *higher levels of job withdrawal and turnover*, which—in turn—may affect the quality of services provided to families: job stressors and demands, burnout resulting from unfettered stressors and demands, and low levels of job satisfaction.

Conceptual Model Highlights

Drawing on the available literature, existing conceptual models, and relevant theory, we developed a conceptual model that views home visitor professional well-being within a complex, multilevel home visiting system (exhibit ES.1). The model depicts how *five key drivers* across levels of a home visiting system influence *four positively framed dimensions* of home visitor professional well-being (see box); these dimensions are hypothesized to influence *home visitor-, program-, family-, and child-level outcomes*. Individual home visitor factors affect how key drivers may influence dimensions of professional well-being and, thus, outcomes.

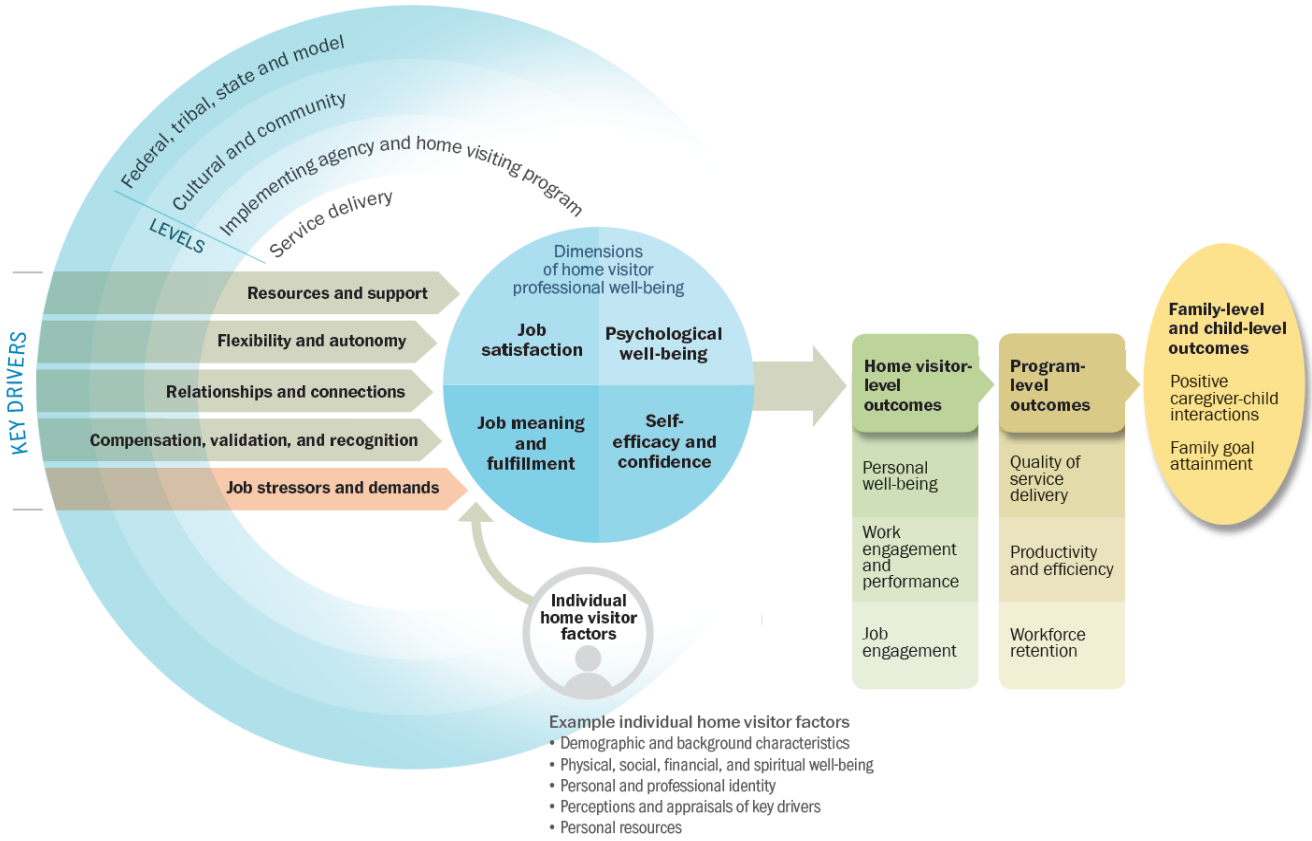
Conceptual Model Key Drivers

1. Resources and supports
2. Flexibility and autonomy
3. Relationships and connections
4. Compensation, validation, and recognition
5. Job stressors and demands

Conceptual Model Dimensions

1. Job satisfaction
2. Psychological well-being
3. Self-efficacy and confidence
4. Job meaning and fulfillment

Exhibit ES.1. Conceptual Model of Home Visitor Professional Well-Being



Environmental Scan Findings

Of the 19 identified measures that assess some aspect of professional well-being, none assess professional well-being as multidimensional, and none were developed for home visiting.

Existing trainings, resources, and strategies do not address all the drivers and dimensions noted in our conceptual model of professional well-being. Rather, they focus on three of the five key drivers (job stressors and demands, resources and supports, relationships and connections) and just one dimension of professional well-being (psychological well-being).

Very few materials focus on structural, organizational, or systemic approaches for promoting professional well-being. They instead center on resources and supports for individual home visitors to recognize signs of stress or identify safety concerns and provide strategies—through self-care techniques or mindfulness—to manage stress and promote professional well-being.

Many of the identified trainings are instructional in nature, do not offer opportunities for discussion or reflection, and are limited to one 60-minute session with no follow-up.

Recommendations

The home visiting field needs a research-based definition of professional well-being that includes multiple dimensions of well-being most closely linked with workplace performance and desired workforce outcomes. The conceptual model developed for this project provides a helpful starting point, but additional work is needed to engage a broader group of practitioners, researchers, and MIECHV awardees and Tribal grantees to develop a definition that is relevant and applicable across home visitors and contexts.

More research is needed on home visitor professional well-being to account for the unique characteristics of the home visiting context. Most of the studies reviewed came from child welfare (58 percent) or early childhood education (15 percent). Despite home visiting's similarities to these fields, its two-generation approach requires staff to support families on a wide range of topics—from addressing substance use and ensuring children receive recommended well-child visits to accessing needed community services and supporting children's early literacy skills—that require knowledge and expertise in multiple disciplines. Developing a deep well of knowledge may be rewarding for home visitors, but it can also be emotionally taxing and requires a sense of self-efficacy and confidence in diverse topic areas.

The home visiting field needs measures of professional well-being for research and practice that go beyond measuring burnout and depression and are tailored to the home visiting context. New measures can help the field better understand dimensions of home visitor professional well-being that promote workplace performance and workforce retention. Measures of job meaning and fulfillment may be especially salient in the home visiting context. Programs can use these measures to *proactively monitor home visitor professional well-being* before home visitors experience burnout, report an intent to leave, or leave the home visiting workforce. They can also use measures to inform home visitor hiring practices and to better assess applicants likely to excel. To reflect the diversity of the home visiting workforce, new measures should account for factors such as staff characteristics, values, priorities, personal histories, and cultural contexts.

Future research should employ more rigorous designs to examine causal associations between dimensions of professional well-being and desired workplace and workforce outcomes. There is no research *within the home visiting context* examining causal associations among dimensions of professional well-being, the nature and quality of work with families, and positive child and family outcomes. Studies from other fields that examined outcomes were largely correlational and focused on undesirable outcomes, such as work withdrawal, intent to leave, turnover, or diminished engagement with families.

Researchers can use the newly developed conceptual model as a framework for advancing understandings of dimensions of home visitor professional well-being and key drivers. The conceptual model can inform the development and testing of research questions and associated study designs to address gaps in existing knowledge and empirical research. As such, the model may evolve and change over time as empirical investigations are carried out. The model can also inform research and evaluation to examine specific pathways among drivers, dimensions, and desired workforce outcomes.

Home visiting programs can use promising systems-level strategies, such as empowering workers to develop and test solutions to prevent burnout or developing policies to bolster staff compensation. As one study demonstrated with child welfare agency staff, this can be an effective way for groups of employees to work together to solve organizational issues leading to intent to leave and turnover in their organization. Home visiting organizations may consider using a similar strategy to address staff perceptions of burnout and role clarity, job satisfaction, agency commitment, and intent to leave.

Research from broader fields suggests that home visiting programs can promote professional well-being and desired workplace performance by ensuring key drivers included in the conceptual model are in place. Example steps that programs can take within each key driver are provided below.

- **Resources and supports:** Establish clear roles and responsibilities for home visiting staff, ensure that the expectations for home visitors align with their experience and expertise, and review this regularly in supervision. Establish a culture that supports a range of professional development opportunities, including training, mentoring, coaching, and workshops. Ensure that staff have the necessary tools to do their job, including a reliable internet connection, cell phone, and laptop as well as adequate time built into their schedules for travel and data reporting.

- **Flexibility and autonomy:** Consider creating a culture and workplace policies that offer flexibility with respect to home visitors' schedules. This may benefit home visitors and support their balance of work and family, while also providing the flexibility that many families need to schedule home visits outside of typical work hours. Program management may also evaluate policies and practices that promote job control and home visitor participation in decision making.

- **Relationships and connections:** Identify ways to encourage and promote relationships and connections among staff. Encourage staff to take lunch breaks together, provide team meetings and group supervision, develop team-building activities, acknowledge staff birthdays or important personal milestones, or plan annual staff retreats or picnics for staff and their families.

- **Compensation, validation, and recognition:** Programs may work with their organizations to review their policies and practices related to pay and sick leave and to evaluate how their benefits compare to similar organizations. If possible, build in ways to reward or incentivize staff for certain achievements. Programs may recognize staff annually for individual performance and encourage staff to use their vacation time to recharge.

- **Job stressors and demands:** Programs can acknowledge that home visiting can be stressful and that staff experience unique stressors and demands influenced by individual factors, exposure to traumatic contexts, challenging caseload dynamics and situations, and feelings of isolation. Home visiting staff should be offered a range of supports to help them manage sources of stress, including individual and group supervision, stress reduction techniques and time to practice them, and guidance to prioritize workload.

Introduction

Home visiting increasingly looks to staff "well-being" to strengthen the workforce, yet as in other fields, the profession lacks a clear, consistent definition of well-being and what it entails. Viewed broadly, well-being comprises multiple domains—including physical, emotional, intellectual, social, financial, and spiritual health—across the various contexts of a person's daily life. This breadth makes it challenging to define, assess, and increase well-being and to gauge the impact of related efforts. The Supporting and Strengthening the Home Visiting Workforce (SAS-HV) project instead focuses on "professional well-being," specifically the (1) workplace experiences unique to home visiting and (2) how they influence dimensions of well-being that affect home visitors' practice with families.

Home visitor professional well-being focuses on issues surrounding home visitor experiences with their work and workplace contexts.

A better understanding of home visitor professional well-being and its key drivers is important for workforce development. The concept of professional well-being is not well articulated in existing home visiting literature or in other fields.[ii] Rather, researchers often use constructs such as depressive symptoms, compassion fatigue or secondary traumatic stress, emotional exhaustion, job dissatisfaction, and job burnout as proxies for well-being. Such proxies help us understand the potential effects of diminished well-being (see box), but they do not tell us what home visitor professional well-being *does* include, how best to promote it, or how it can favorably affect workplace performance and outcomes.

[ii] Exceptions define early childhood educators' work-related well-being as, "A dynamic state, involving the interaction of individual, relational, work-environmental, and sociocultural-political aspects and contexts."[1] and describe teacher well-being as "a result of high-quality professional learning supports, leadership competencies, practitioner knowledge and competencies, and working conditions."[2]

Potential Effects of Diminished Well-Being

Job stress negatively affects program outcomes, such as lower levels of family engagement and retention, increased operational costs associated with training new staff, and modest program outcomes.[3–6]

Job stress increases provider risk for physical, mental, and behavioral health problems; impatience and moodiness; negative attitudes and withdrawal from clients; negative attitudes toward the job and organization; and poorer coworker relations.[7–9]

Distractions brought on by a lack of well-being (such as job dissatisfaction or thoughts about leaving one's job) can interfere with the ability to provide attentive, sensitive care for families and young children.[10]

Given the unique job demands and work experiences of home visiting, the early childhood home visiting field needs—

- A broad conceptualization of professional well-being specific to the home visiting context, including identification of key dimensions of professional well-being from a strengths-based perspective
- Evidence regarding factors that promote or hinder professional well-being
- Research examining how professional well-being affects home visitor, program, family, and child-level outcomes
- Strategies and resources to support and strengthen home visitor professional well-being

The SAS-HV project is designed to address these gaps by reviewing literature related to professional well-being, developing a conceptual framework of home visitor professional well-being, and identifying existing trainings, strategies, resources, and measures to promote or assess professional well-being.

Overview of Project Goals and Tasks

The SAS-HV, funded by the Office of Planning, Research, and Evaluation in the Administration for Children and Families in collaboration with the Health Resources and Services Administration, is designed to advance understandings of how to support and strengthen the early childhood home visiting workforce, including programs funded through the MIECHV and Tribal MIECHV programs. The project addressed two focal areas: (1) professional well-being and (2) reflective supervision. This report summarizes findings for the professional well-being focal area. Findings for the reflective supervision focal area can be found on the OPRE website.

Guiding questions for the focal area of professional well-being include—

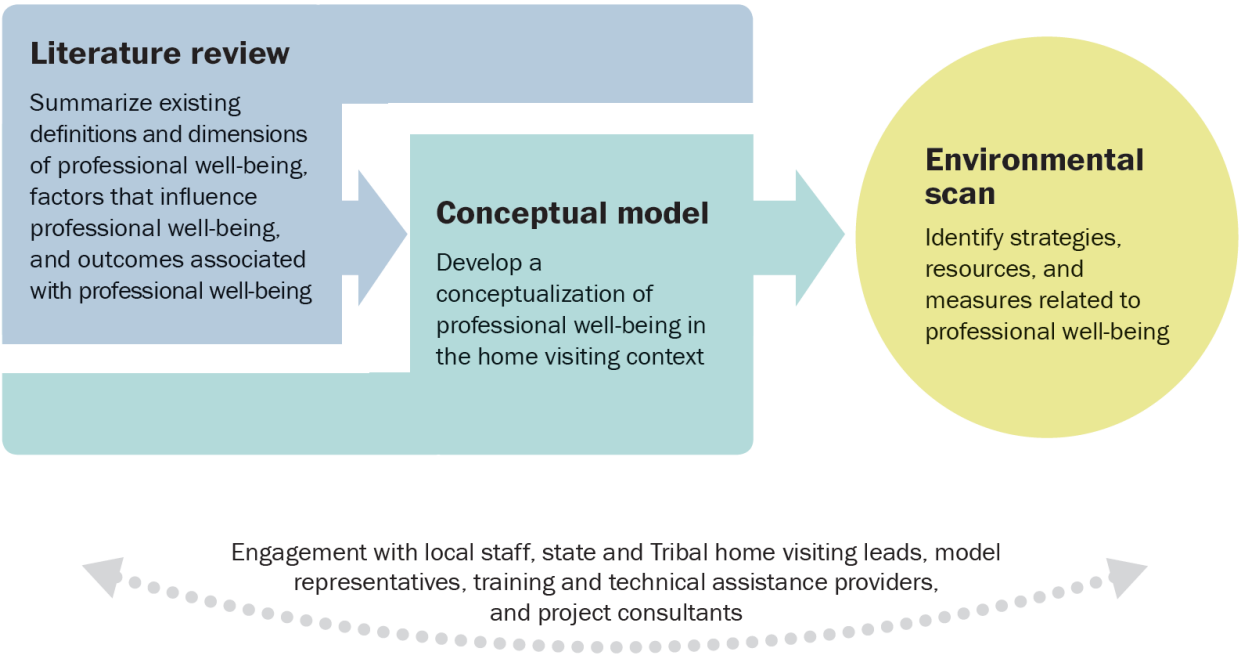
1. How does the literature define professional well-being? What are key dimensions of professional well-being? What are identified gaps in existing research?
2. What factors promote or hinder professional well-being?
3. How does professional well-being affect workforce performance and outcomes?
4. What trainings, resources, and strategies are in use within home visiting and related fields to promote professional well-being? What are gaps in existing trainings, resources, and strategies?
5. How do researchers and practitioners measure professional well-being? What are gaps in existing measures?

Exhibit 1 outlines key project tasks designed to address the guiding questions. Key project tasks include a literature review, development of a conceptual model, and an environmental scan of existing materials. The project team ("we") engaged the following representatives from the groups listed below throughout all project tasks. Appendix A provides detailed summaries of these engagement activities:

- Local program staff
- MIECHV awardees and Tribal MIECHV grantees
- Model representatives
- Training, professional development, and technical assistance providers
- Consultants with expertise in home visiting, early childhood education or child welfare workforce development, worker well-being, and technical assistance provision

We developed the conceptual model using an iterative process informed by findings from the literature review and input from groups listed above.

Exhibit 1. Key Project Tasks and Goals



Roadmap of the Report

The report begins with a summary of existing literature within home visiting and adjacent fields examining aspects of professional well-being. Findings from quasi-experimental or experimental study designs are highlighted in callout boxes. A description of a conceptual model of home visitor professional well-being follows (see box). The model was informed by findings from the literature review and ongoing engagement with local program staff, model representatives, training and technical assistance providers, and project consultants. Examples of supporting models, theories, and literature for key components of the conceptual model are provided in callout boxes. The model considers home visitor professional well-being within a series of contexts. Within these contexts, influential factors contribute to key drivers of professional well-being. These key drivers influence four overlapping dimensions of professional well-being, which influence home visitor-, program-, family-, and child-level outcomes. The model also shows how characteristics of individual home visitors play a role in shaping professional well-being, suggesting that individual home visitor factors mediate the impact of key drivers on professional well-being and outcomes.

Overview of the Conceptual Model of Home Visitor Professional Well-Being

The conceptual model includes four dimensions of professional well-being:

- Job satisfaction
- Psychological well-being
- Self-efficacy and confidence
- Job meaning and fulfillment

The model also includes key drivers of professional well-being: resources and supports; flexibility and autonomy; relationships and connections; compensation, validation, and recognition; and job stressors and demands.

See exhibit 12 for the conceptual model.

Finally, we present findings from an environmental scan of existing materials to support home visitor professional well-being. Callout boxes provide snapshots of materials identified through the environmental scan. Appendix E lists all materials included in the scan.

We conclude with a summary of findings across the three project tasks, gaps, and recommendations for future work. Practitioner and researcher icons (see box) are used throughout the report to highlight implications for practice and research. The appendices include a detailed summary of (A) engagement activities with practitioners, individuals that support practitioners, and consultants, (B) literature review methodology, (C) studies included in the literature review from the home visiting field, (D) information sources used in developing the draft conceptual model, and (E) environmental scan methodology and materials included in the scan.

Practice and Research Implications

Look for the practitioner icon to identify practice implications.

Look for the researcher icon to identify research implications.

Literature Review

We completed a targeted literature review to understand how home visiting and adjacent fields address aspects of professional well-being. Guiding questions for the literature review include—

- How does the literature define professional well-being?
- What are key dimensions of professional well-being?
- What factors influence professional well-being?
- How does professional well-being influence outcomes?

Literature Review Methods

The literature review included four steps: (1) systematic searches of scholarly databases, (2) snowball searches of reference lists of included articles, (3) targeted search of gray literature[iii] such as home visiting reports and MIECHV state-led evaluation reports, and (4) input from local program staff, model representatives, training and professional development providers, and project consultants. See appendix B for detailed methods.

Included articles met the following eligibility criteria:

- Addressed one of the guiding questions (listed above)

Literature Review at a Glance

This chapter summarizes findings from a targeted review of 116 journal articles and pieces of gray literature from home visiting and adjacent fields related to dimensions, factors, and outcomes of professional well-being. Key findings include:

- There is a general lack of research on professional well-being within the home visiting field.
- Existing research relevant to professional well-being is correlational and cannot conclude that a particular factor causes another factor or outcome.
- Most articles focused on constructs related to workforce concerns (e.g., burnout and turnover) rather than on defining or examining dimensions of professional well-being.
- The literature identified several factors that promote job satisfaction and staff retention:
    - Positive organizational climates
    - Organizational and supervisor support
    - Adequate salaries and benefits
- Job stressors and demands, burnout resulting from unfettered stressors and demands, and low levels of job satisfaction are associated with higher levels of job withdrawal and turnover and potentially affect the quality of services provided to families.

[iii] Gray literature refers to information produced outside of traditional publishing and distribution channels.

- Focused on populations of expectant families or families with children (infants through age 18) in an educational, supportive (including social services), or care-based setting (including healthcare) or in the child's or family's home
- Reported on an intervention, program, or study implemented in the United States
- Published in English
- Published between January 2010 and October 2020

Some methodological limitations should be considered when interpreting findings from this review. First, database searches focused on identifying recent literature published between 2010 and 2020. We addressed this timeframe limitation by including seminal articles and gray literature found through snowball searches and consultant recommendations. Second, because this was not a systematic or exhaustive review, we did not assess the methodological quality or rigor of empirical studies. This limitation is addressed, in part, by providing details on study designs and by specifying if findings are correlational or experimental in nature. Finally, the articles included in this review focused on workers who provide services to expectant families or families with children. Findings from this review could be supplemented with research conducted in other professional settings.

Types of Research Study Designs

Descriptive studies gather information about individuals, groups, or specific topics but do not include formal tests of association.

Correlational studies test whether there are associations between variables but cannot be used to determine cause and effect.

Quasi-experimental designs do not use random assignment but often use statistical methods to try to estimate cause and effect.

Experimental designs randomly assign participants to either an intervention or control group to enable comparisons between the two groups on outcomes. Experimental designs are considered the strongest designs for determining whether an intervention caused an effect on an outcome.

Overview of Included Articles

We reviewed 116 articles, including journal articles and relevant gray literature. Most articles (n = 67, 58 percent) are from the field of child welfare (see exhibit 2). Only 12 articles (10 percent) are from the field of home visiting. See appendix C for a detailed summary of studies reviewed from the home visiting field.

Most articles (n = 111, 96 percent) were empirical research studies. Of those, most (n = 87, 78 percent) were correlational studies that examined associations between workforce outcomes and multiple individual and organizational characteristics (see exhibit 3). Few empirical studies (n = 6, 5

percent) used quasi-experimental or experimental designs to test causal associations between variables. Studies largely used quantitative data collection methods (*n* = 76, 68 percent). Because study designs determine the types of conclusions that can be drawn from findings (see sidebar), we highlight quasi-experimental and experimental research findings in callout boxes.

Exhibit 2. Field of Study for Included Articles

Child welfare was the most common field of study

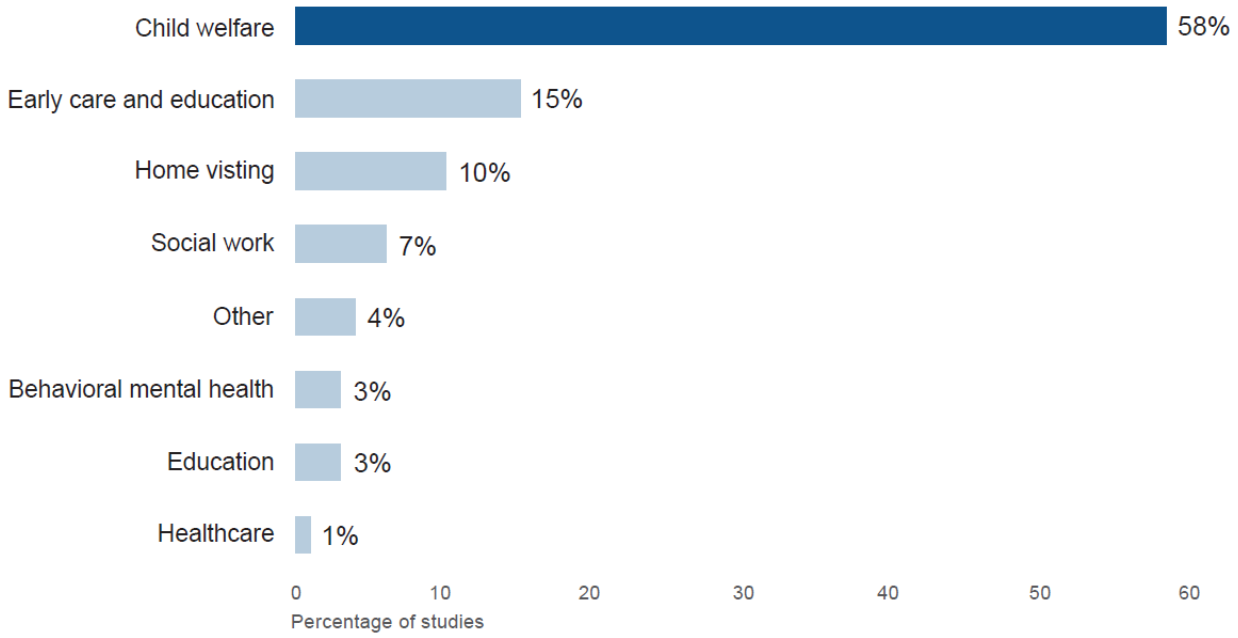
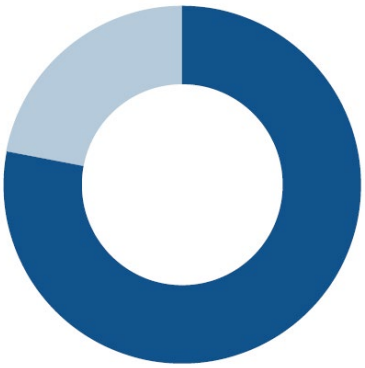


Exhibit 3. Research Study Designs of Included Articles

Most research study designs were correlational



78% of research study designs are **correlational**

Literature Review Findings

A summary of literature review findings by guiding question is provided below.

How Is Professional Well-Being Defined in the Literature?

Most of the articles did not set out to examine, define, or conceptualize professional well-being. Rather, articles examined associations between outcomes, such as intent to leave or staff turnover, and various individual- and organizational-level characteristics. The following section summarizes the definitions of professional well-being that were provided.

Only nine articles (8 percent) provided definitions of "worker," "workplace," or "workforce well-being." Only one article used the term "professional well-being." Studies reviewed from the home visiting field did not provide a definition (see exhibit 4). Commonalities across definitions include:

- Attention to some aspect of psychological well-being
- The dynamic interactions occurring between individuals and their work environment
- The impact of "worker" or "workforce" well-being on workplace performance and personal well-being

Many definitions did not separate influential workplace contexts and factors (such as workplace climate or relationships with colleagues and peers) from dimensions of well-being specific to individual staff (such as depressive symptoms or self-efficacy).

Exhibit 4. Definitions of Well-Being Provided in Articles

Authors (Year)	Field	Definition
Worker of Workforce Well-Being		
Lizano et al. (2014)	Child welfare	An individual's general mental health status or psychological standing, which specifically relates to an employee's level of happiness, anxiety, stress, and depression.[11]
Lizano and Barack (2015)	Child welfare	Broadly conceptualized as a multidomain person-related construct taking into account the impact of workplace experiences on the physical, emotional, affective, and psychological wellness of individuals.[12]
Roberts et al. (2019, 2020)	Early Care and Education (ECE)	A broad, multidimensional concept that encompasses a person's multidimensional evaluation of his or her life, including affective evaluation of emotions, abilities, and moods.[2,13]

Authors (Year)	Field	Definition
Professional or Workplace Well-Being		
Chen et al. (2012)	Child welfare	Includes three categories, in a hierarchy from low to high, of existence, relatedness, and growth. Hypothesizes that one may seek satisfaction with higher needs only when lower needs are satisfied and vice versa. Existence needs refer to individuals' concerns about pay, fringe benefits, and physical working resources. Relatedness needs are the motivations to receive esteem and love from significant others such as family members and colleagues. Growth needs indicate one's needs for career development.[14]
Zinsser et al. (2016)	ECE	Focuses on aspects of "teacher workplace well-being," including teacher depression, teacher job satisfaction, preschool center climate, teacher well-being, child behavior, and challenging behavior.[15]
Cumming and Wong (2019)	ECE	A dynamic state, involving the interaction of individual, relational, work-environmental, and sociocultural-political aspects and contexts.[1]
Kwon et al. (2020)	ECE	Focuses on "whole teacher well-being," which includes the dimensions of workplace support and professional, psychological, and physical well-being. Workplace supports focus on compensation, benefits, physical environment, and work climate. Professional well-being includes job commitment, self-efficacy, and job retention. Psychological well-being includes depression, job stress, and personal stress. Physical well-being includes general health, obesity, ergonomics, cardiovascular health, and exercise.[16]
McMullen et al. (2020)	ECE	Characterized as early childhood professionals' perceptions or feelings of physical health and safety, emotional stability and soundness, and overall contentment with the childcare setting and the experiences within it. Based on a reconceptualized view of Maslow's Hierarchy of Needs.[10]

Definitions of "worker" or "workforce" well-being place an emphasis on well-being as a multidimensional and holistic construct that includes multiple elements, such as general life satisfaction and physical, emotional, affective, and psychological well-being. These definitions described an individual's overall well-being, the impact of workplace contexts on overall well-being, and the impact of well-being on workplace performance. The definitions of worker or workforce well-being came from the child welfare and Early Care and Education (ECE) fields.

Definitions of "professional" or "workplace" well-being placed greater emphasis on issues directly related to the workplace such as job satisfaction, workplace contexts, and workplace supports. Definitions of professional or workplace well-being came mostly from the ECE field, although one came from child welfare. A few definitions from ECE focus on a hierarchy of needs, adapted from Maslow's hierarchy of needs, hypothesizing that basic—or lower level—needs (such as safety and adequate compensation) must be met before individuals can seek higher level needs (such as growth). The definitions also highlight several workplace indicators and contexts that relate to professional well-being, including pay and benefits, relationships, and workplace climate.

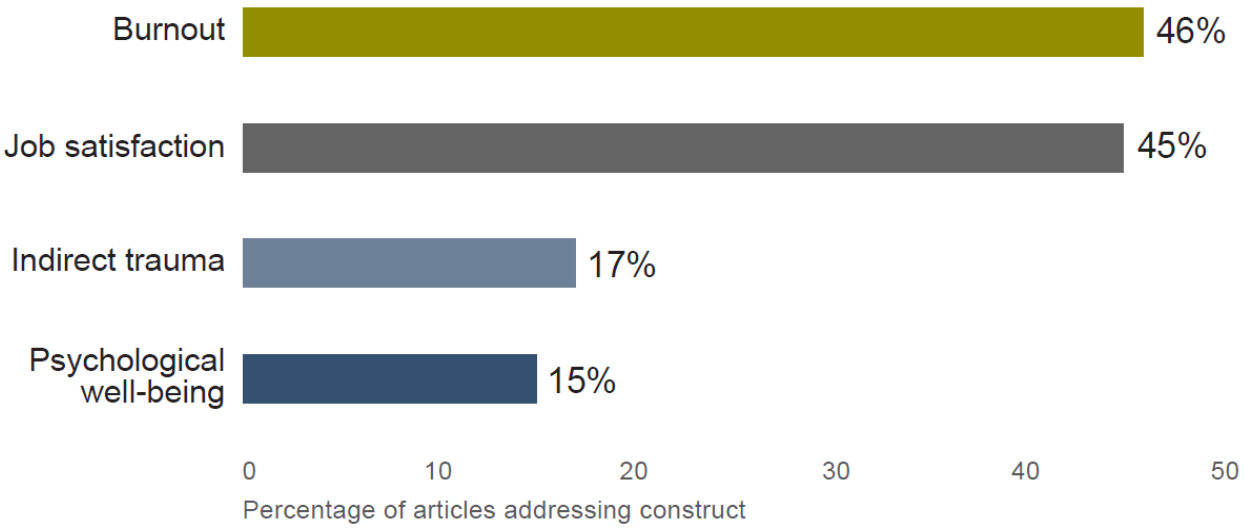
Definitions of "professional" or "workplace" well-being place greater emphasis on issues specific to workplace contexts.

What Are Key Dimensions of Professional Well-Being?

Consistent with their lack of a definition, most articles (92 percent) included in this review did not identify or describe key "dimensions" of professional well-being; rather, they examined several workplace concerns—many of them negative—and issues, most notably (1) burnout, (2) job satisfaction, (3) indirect trauma, and (4) psychological well-being. These workplace concerns and issues (hereafter referred to as "constructs") were examined as either an outcome associated with workplace contexts (such as job stressors and demands) or as a predictor of outcomes of interest (such as staff turnover). Across the reviewed studies, these constructs were often examined in relation to one another. Burnout and job satisfaction, for example, were often correlated with each other. Therefore, some degree of overlap likely exists among the constructs listed in exhibit 5 and summarized below. Exhibit 6 summarizes studies from home visiting that examined burnout, job satisfaction, indirect trauma, and psychological well-being.

Exhibit 5. Commonly Examined Constructs That Relate to Professional Well-Being

Burnout and job satisfaction were the most examined constructs



[a]Counts are not mutually exclusive; a single study may have examined multiple workplace concerns and issues.

Exhibit 6. Home Visiting Studies That Examined Constructs Related to Professional Well-Being

Construct	Home visiting studies (n = 12)	Study designs	Sample sizes
Burnout	6	All correlational	Ranged from 27 to 179 home visitors
Job satisfaction	6	3 descriptive 3 correlational	Ranged from 46 to 600 home visitors *(larger sample from descriptive study)*
Indirect trauma	2	All correlational	Ranged from 27 to 77 home visitors
Psychological well-being	3	All correlational	Ranged from 77 to 307 home visitors

Burnout

Burnout was a common focus of reviewed articles, was clearly defined in the literature, and was described as an outcome resulting from a lack of well-being.[17,18] The World Health Organization defines burnout as "a syndrome resulting from chronic workplace stress that has not been successfully managed."[19] A common conceptualization of burnout includes three main

components—emotional exhaustion, depersonalization, and decreased feelings of personal accomplishment—resulting from chronic workplace stressors and demands.[20]

Studies reported that home visitors experienced either medium or high levels of burnout.[3,21] The Mother and Infant Home Visiting Program Evaluation (MIHOPE), for example, reported that home visitors had medium levels of emotional exhaustion.[3] Another study found that 73 percent of home visitors experienced medium or high levels of burnout.[21]

Outcomes associated with burnout include intent to leave,[22] **job withdrawal,**[23] **staff turnover,**[24] **and decreased family engagement.**[25] In a study of child welfare professionals, for example, burnout emerged as the strongest predictor of intent to leave when compared to other predictors.[22] In a study of home visitors, burnout was positively correlated with home visitor job withdrawal (i.e., negative behaviors, including lateness, absenteeism, and other undesirable behaviors).[23] In the Home Visiting Career Trajectories study, program managers reported that burnout contributed to staff turnover.[24] Last, home visitor emotional exhaustion was significantly associated with fewer days of family enrollment in home visiting services and lower ratings of goal alignment between home visitors and mothers.[25] The reviewed studies examining burnout were mostly correlational, with one exception (see box).

Studies reported home visitors experience medium to high levels of burnout. Outcomes associated with burnout include intent to leave, job withdrawal, staff turnover, and decreased family engagement.

Experimental Research Snapshot: Burnout

Goals and purpose: Examine the impact of online professional development on 89 preschool teachers' self-efficacy, burnout, and stress.

Notable details: Participants were randomly assigned to four groups: one of three treatment conditions (course only, conference, reflective writing) or a control group. All treatment conditions received a 14-week online course on teacher-child interactions, which included regular homework assignments and community discussion boards. The conference and reflective writing conditions received additional supports, either reflective writing assignments or coaching from instructors.

Findings: Compared to the control group, preschool teachers in the course-only treatment condition reported decreased self-efficacy and increased emotional exhaustion. However, teachers in the conference *and* reflective writing conditions did not report decreased feelings of self-efficacy or increased emotional exhaustion. Results suggest that, alongside professional development, teachers need opportunities to express emotions and/or receive supportive feedback to buffer against feelings of decreased self-efficacy and the emotional exhaustion that may accompany learning a new skill.

Source: Roberts AM, LoCasale-Crouch J, Hamre BK, Jamil FM. Preschool teachers' self-efficacy, burnout, and stress in online professional development: A mixed methods approach to understand change. J Early Child Teach Educ. 2020;41(3):262-283. doi:10.1080/10901027.2019.1638851

Job Satisfaction

Research examined aspects of job satisfaction such as employee satisfaction with roles, job responsibilities, workload, salary, advancement and promotion opportunities, and communication. Studies found home visitors are generally satisfied with their jobs but are less satisfied with pay and advancement opportunities.[3,24,26,27] For example, a study of home visitors in South Carolina found that 22 percent of home visitors were less than satisfied with their work, and the greatest areas of dissatisfaction were pay, working conditions, and opportunity for promotion.[27] Similarly, the Home Visiting Career Trajectories project found that although home visitors were satisfied with relational aspects of their jobs (such as relationships with families, peers, and supervisors), they were generally dissatisfied with their job earnings and opportunities for promotion.[24] Finally, the MIHOPE study found that home visitors reported higher than average job satisfaction compared to a national sample of mental health workers.[3]

Home visitors were generally satisfied with their jobs but less satisfied with pay and advancement opportunities. Outcomes associated with job satisfaction include intent to leave and staff turnover.

Outcomes associated with job satisfaction include intent to leave and staff turnover.[28,29] A study examining relationships among organizational climate, job satisfaction, and turnover intentions within the child welfare workforce found that job satisfaction fully accounted for the effect of organizational climate on intent to leave the agency.[28] A study of Early Head Start and Head Start teachers found that job satisfaction predicted teacher turnover.[29] One study found that home visitors who were dissatisfied with the work itself and the pay were more likely to leave the job.[30] The reviewed studies that examined job satisfaction were all correlational.

Indirect Trauma

Indirect trauma—that is, any combination of adverse changes in a professional's behavior, emotions, and/or cognitive perceptions resulting from working with and supporting individuals who experience(d) trauma[31]—was a commonly examined construct within the literature.[21,23,32–36] For the purposes of this review, indirect trauma includes vicarious trauma, secondary traumatic stress (STS), and compassion fatigue. Workers in helping professions are often exposed to the trauma and suffering of others, which can affect their well-being and workplace performance if unaddressed.

Levels of indirect trauma among home visitors varied widely.[21,23,36] This variability likely stems from variations in measures, study samples, and the contexts, communities, and families with which home visitors work. For example, one study found that 69 percent of home visitors experienced either medium or high levels of STS[21] whereas other studies found that most home visitors were categorized as low on STS.[23,36] The authors reporting medium or high levels of STS indicated that their findings parallel levels of STS found in professionals working in stressful environments.[21] Although the low and high STS findings were captured by the same measure of STS, some differences between the studies may help explain different rates of STS among home visitors. Specifically, the study reporting medium or high levels of STS included only home visitors working in MIECHV-funded programs, and the length of time working with families was positively correlated with STS.[21] The study reporting low levels of STS included participants working in Early Head Start programs that also offered a supplemental parenting intervention, and many home visitors participating in the study reported high levels of satisfaction from working with families.[23] Another study using a different measure of STS found that home visitors reported rarely experiencing symptoms of STS.[36]

Workers in helping professions are often exposed to the trauma and suffering of others, which can affect their mental health and workplace performance. Organizational resources and support related to trauma-informed care reduce the impact of indirect trauma on provider mental health.

Indirect trauma is associated with several negative outcomes, including impaired mental health functioning,[32] psychological distress,[33] and intent to leave.[34,35] In a child welfare study, STS was associated with worker's mental health functioning—which included a composite score for vitality, depression, accomplishment, carelessness, and social functioning. Of note, this association was *not* present when organizational resources and supports related to trauma-informed care were available.[32] In a study from social work, STS resulting from trauma exposure at work was associated with reports of significant distress, including social, occupational, psychological, emotional, and physical distress.[33] Last, child welfare workers who experienced higher rates of vicarious traumatization and STS were more likely to leave their job.[34,35] The set of studies reviewed examining indirect trauma were mostly correlational, with one exception (see box).

Quasi-Experimental Research Findings on Indirect Trauma

Goals and purpose: Examine the impact of a 2-day compressed mindfulness-based stress reduction course on a sample of 21 pediatric healthcare social workers.

Notable details: The course included direct teaching methods, individual sharing time, and meditation practice time. At the end of the 2-day session, participants received instruction to practice for 20 minutes each day over the course of the 6-week intervention period.

Findings: Pre- and posttest results found that participation in the course significantly reduced social workers' STS and had a significant positive impact on mindfulness and caring self-efficacy.

Source: Trowbridge K, Mische Lawson L, Andrews S, Pecora J, Boyd S. Preliminary investigation of workplace-provided compressed mindfulness-based stress reduction with pediatric medical social workers. Health Soc Work. 2017;42(4):207-214. doi:10.1093/hsw/hlx038

Psychological Well-Being

Studies examined concepts related to psychological well-being, with most articles measuring depressive symptoms as a proxy for psychological well-being. Other constructs related to psychological well-being included anxiety, emotional regulation, and positive relations or social functioning.

Rates of depressive symptoms for home visitors were either slightly higher than or similar to rates of depressive symptoms in the general population.[3,36] Specifically, approximately 15 percent of home visitors in MIHOPE reported symptoms of depression.[3] The Region X workforce study found that approximately 9 percent of home visitors screened positively for depression.[36] More recently, the First 5 California study found that approximately 25 percent of home visitors reported depressive symptoms above the cut-off for clinical depression.[26] Some studies reported higher levels of depressive symptoms among ECE providers. A study of Head Start and Early Start programs in Pennsylvania found that 24 percent of staff screened positive for elevated depressive symptoms.[37] Similarly, a study of center-based infant toddler providers found that 24 percent reported symptoms consistent with clinical levels of depression.[38] However, a recent study of ECE providers found that only 7 percent exhibited clinical levels of depression.[7] Rates of depressive symptoms across studies may vary depending on measures and cutoff scores used in individual studies.

Higher levels of psychological well-being were consistently associated with compassion satisfaction, or feeling satisfied by helping others, whereas diminished psychological well-being was associated with STS, burnout, intent to leave, and quality of service delivery.[7,23,26,39] For example, in ECE, providers' overall depressive symptoms were associated with the quality of interactions between teachers and students and children's behavior problems.[7] Within home visiting, depressive symptoms were negatively correlated with compassion satisfaction and positively correlated with STS and burnout.[23] Additionally, psychological well-being—conceptualized as environmental mastery, autonomy, and positive relations—accounted for the association between home visitor mindfulness and quality of the working alliance between home visitors and families.[39] Finally, home visitors with higher levels of depressive symptoms were also less likely to report an intent to stay in their current position.[26] Studies examining psychological well-being were all correlational.

Rates of depressive symptoms for home visitors were slightly higher than or similar to those in the general population. Depressive symptoms are associated with burnout, intent to leave, and quality of service delivery.

Other Constructs

Several other constructs were less frequently examined by the literature. Three studies in the field of ECE, for example, reported high levels of physical health problems among the ECE workforce.[16,37,38] Physical health may be an especially important construct for this field because of the high physical demands of working with young children (e.g., bending, reaching, twisting, squatting). In home visiting, other less commonly examined constructs include confidence,[27] self-efficacy,[30,40] relationship security,[40] and compassion satisfaction.[23]

What Factors Influence Professional Well-Being?

Studies identified several influential factors that either hinder or promote professional well-being, such as job stressors and demands, adequate pay and benefits, positive organizational climates,[iv,21,41–44] organizational support,[4,38] and supervisor support.[21,45–47] Exhibit 7 summarizes significant associations between influential factors and constructs related to professional well-being. In this exhibit, plus and minus signs indicate positive and negative associations. A positive association may be favorable (e.g., higher satisfaction with pay, higher psychological well-being) or unfavorable (e.g., higher level of job stress, higher burnout). Exhibit 8 summarizes reviewed studies from the home visiting field that examined each influential factor. We categorized factors as either individual staff factors, factors related to level of family needs, or local implementing agency and organizational factors. Findings are summarized below.

Exhibit 7. Significant Associations Between Influential Factors and Constructs Related to Professional Well-Being

Influential factor	Construct			
	Burnout	Job satisfaction	Indirect trauma	Psychological well-being*
Lower staff age or years of experience	**+**	**−**	**+**[a]; **−**[b]	
Higher level of family need			**+**	
Higher level of job stressors and demands	**+**		**+**	−
Satisfaction with pay and benefits	**−**		**−**	+
Positive perception of organizational climate	**−**	+		
Positive perception of organizational support		+		+
Positive perception of supervisor support	**−**	**+**	**−**	

"+" = Statistically significant (i.e., $p \leq 0.05$) positive association; "**+**"= Statistically significant positive association found in home visiting study; "−" = Statistically significant negative association; "**−**" = Statistically significant negative association found in home visiting study. [a]Home visitors with more experience had lower levels of indirect trauma. [b]Home visitors working with "MIECHV families" longer had higher levels of indirect trauma.*Psychological well-being includes depression and anxiety.

[iv] Organizational climate was generally defined as the way people perceive their work environment.

Exhibit 8. Reviewed Home Visiting Studies That Examined Influential Factors for Constructs Related to Professional Well-Being

Influential factor	Home visiting studies (*n* = 12)	Study designs	Sample sizes
Staff age or years of experience	3	All correlational	Ranged from 77 to 179 home visitors
Family level of need	1	Correlational	77 home visitors
Job stressors and demands	2	1 Descriptive 1 Correlational	Ranged from 49 to 77 home visitors
Satisfaction with pay and benefits	2	1 Descriptive 1 Correlational	Ranged from 46 to 348 home visitors *(Larger sample from descriptive study)*
Positive perception of organizational climate	2	All correlational	Ranged from 27 to 179 home visitors
Positive perception of organizational support	3	All correlational	Ranged from 27 to 89 home visitors
Positive perception of supervisor support	5	1 Descriptive 4 Correlational	Ranged from 27 to 674 home visitors *(Larger sample from descriptive study)*

Individual Staff Factors and Level of Need for Families Served

Younger staff age, shorter tenure, and higher levels of family psychosocial challenges were associated with higher rates of burnout, indirect trauma, and turnover.[23,48–51] In a child welfare study, younger age and shorter work tenure were associated with high rates of burnout[48–50] and turnover.[51] In home visiting, fewer than 5 years of experience as a home visitor and working with families experiencing higher levels of psychosocial challenges were associated with higher levels of STS.[23] In another study, home visitors with more than 3 years of home visiting experience were more likely to remain in their current positions.[26] The reviewed studies that examined individual staff and family factors were all correlational.

Local Implementing Agency or Organizational Factors

Local implementing agency and organizational factors that influence professional well-being include job stressors and demands, pay and benefits, organizational climate, organizational support, and supervisor support. Each factor is described below.

Studies found that job stressors and demands, such as workload and work pressure, related to higher levels of depressive symptoms,[2] decreased work engagement,[52,53] poorer health,[54] burnout,[23] STS,[23] and turnover.[46] Across studies, commonly examined job stressors and demands included individuals' perceptions of strain, stress, and role overload at work. In ECE, perceptions of greater job stressors and demands were associated with higher rates of depressive symptoms.[2] Additionally, higher job demands among ECE providers were associated with decreased work engagement but only for workers experiencing lower levels of feelings of happiness, intimacy, respect and appreciation from others, and self-efficacy.[52] A study of child welfare workers also found that employees' reports of stress contributed more to work withdrawal than any other factor.[53] Job stressors and demands were also associated with poorer general health among child welfare workers.[54] Child welfare workers also commonly reported that high levels of job stress and demands significantly contributed to their decision to leave their jobs.[46] In home visiting, a common job stressor reported by home visitors included high caseload sizes, which were associated with perceptions of greater job demands and higher levels of burnout and STS.[23] The studies reviewed on job stressors and demands were mostly correlational.

Experience of a promotion was positively associated with home visitor job satisfaction and intent to stay.

Satisfaction with pay was associated with lower levels of indirect trauma,[21] higher job satisfaction, and intent to stay. Inadequate pay and benefits was associated with higher levels of job withdrawal,[23] depressive symptoms, and intent to leave.[55] A study in ECE found that providers with lower wages, those working multiple jobs, or those who were not provided health insurance reported higher rates of depressive symptoms.[2] In child welfare, workers reported that low salary and inadequate benefits contributed to staff turnover,[56] and lower satisfaction with pay was associated with intent to leave.[55] Home visitors frequently reported being dissatisfied with their pay.[23,24,27] Low pay was associated with higher levels of job withdrawal among home visitors.[23] Home visitor satisfaction with pay predicted lower levels of indirect trauma,[21], and experience of a promotion was positively associated with home visitor job satisfaction and intent to stay.[24]

Multiple studies found that positive organizational climates were associated with lower intent to leave and/or turnover.[41–43] Organizational climate was generally defined as the way people perceive their work environment. In a child welfare study, clearly communicated standards and expectations for receiving incentives and rewards for job performance—an aspect of organizational climate—predicted lower intent to leave.[41] Additional work in child welfare found that agencies with lower turnover rates have more positive organizational climates, as compared to agencies with higher turnover rates.[42] Last, aspects of organizational climate differentially affected child welfare

workers' thoughts and actions related to leaving their jobs. Specifically, although overall positive perceptions of organizational climate predicted lower intent to leave, perception of organizational justice (feeling a sense of fairness in treatment and rewards for employees) was associated with decreased levels of thinking about a new job. However, lower levels of organizational support predicted thinking about, looking for, and taking steps to find a new job.[43]

A study in home visiting found significant direct effects of positive organizational climate on lower levels of burnout, although this finding was also facilitated by job satisfaction.[44] Another home visiting study found that unhealthy work environments predicted higher rates of indirect trauma among home visitors, whereas satisfaction with institutional culture predicted lower rates of indirect trauma, burnout, and intent to quit.[21] Studies examining organizational climate are mostly correlational.

Sufficient organizational support predicted job satisfaction, whereas a lack of organizational support predicted negative outcomes, including intent to leave.[35,43,47,57] Organizational support includes camaraderie and cooperation of coworkers and supportive structures, such as necessary work-related resources and professional development opportunities. In ECE, staff reporting fewer work-related resources reported more depressive symptoms.[2] Additionally, supportive relationships with coworkers were reported as a buffer from job stressors and demands among ECE providers.[38] A large study in child welfare found that two types of coworker support, social-emotional (coworkers being available to listen to and encourage one another) and operational (coworkers sharing information with and helping one another carry out job responsibilities effectively), predicted higher job satisfaction and reduced intent to leave.[57] Studies in the home visiting field found that ongoing structural supports promote job satisfaction; this includes training and professional development opportunities that respond to home visitors' perceived needs.[24,58] Reviewed studies that examined organizational support were mostly correlational.

Unhealthy work environments predicted high rates of indirect trauma among home visitors, whereas satisfaction with institutional culture predicted lower rates of indirect trauma, burnout, and intent to leave.

Supervisor support was associated with higher rates of job satisfaction and lower rates of burnout, indirect trauma, and intent to quit.[21,24,45,59–61] In a child welfare study, transformational leadership, operationalized as idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration, was negatively correlated with burnout and intent to quit and was positively correlated with organizational commitment.[45] Home visitors who reported negative experiences with supervision (e.g., feeling micromanaged) reported lower job satisfaction,[24], and a negative working alliance with one's supervisor predicted burnout and indirect trauma.[21] Additionally,

multiple studies found positive associations between receipt of reflective supervision and job satisfaction.[59–61]

How Does Professional Well-Being Influence Outcomes?

Studies examined multiple outcomes associated with professional well-being. The most commonly examined outcomes included work withdrawal, intent to leave, workforce retention, and service delivery. Exhibit 9 summarizes significant associations between constructs related to professional well-being and workforce outcomes. Most studies were correlational and examined associations between predictors (i.e., independent variables) and outcomes (i.e., dependent variables). In some cases, predictors align with the constructs previously discussed in relation to professional well-being (i.e., burnout, job satisfaction, indirect trauma, and psychological well-being). However, in other cases, studies examined associations between influential factors (e.g., job stressors and demands, organizational climate, organizational support) and outcomes of interest (see exhibit 10). In exhibits 9 and 10, plus and minus signs indicate positive and negative associations. A positive association may be favorable (e.g., higher psychological well-being, higher quality of service delivery) or unfavorable (e.g., higher level of job stress, higher work withdrawal). Exhibit 11 summarizes reviewed studies from the home visiting field that examined identified outcomes.

Exhibit 9. Significant Associations Between Constructs and Workforce Outcomes

Constructs related to professional well-being	Outcome			
	Work withdrawal	Intent to leave	Workforce retention	Quality of service delivery
Higher burnout	**+**	+		**−**
Higher job satisfaction		−	**+**	
Higher levels of indirect trauma		+		
Higher levels of psychological well-being				+

"+" = Statistically significant (i.e., $p \leq 0.05$) positive association; "**+**" = Statistically significant positive association found in home visiting study; "−" = Statistically significant negative association; "**−**" = Statistically significant negative association found in home visiting study

Exhibit 10. Significant Associations Between Influential Factors and Workforce Outcomes

Influential factors	Outcome			
	Work withdrawal	Intent to leave	Workforce retention	Quality of service delivery
Higher level of job stressors and demands	✚	✚	✚	
Positive perception of organizational climate	–	▬	–	
Positive perception of organizational support	▬	–	–	

"+" = Statistically significant (i.e., $p \leq 0.05$) positive association; "✚" = Statistically significant positive association found in home visiting study; "–" = Statistically significant negative association; "▬" = Statistically significant negative association found in home visiting study

Exhibit 11. Reviewed Home Visiting Studies That Examined Workforce Outcomes

Outcome	Home visiting studies (n = 12)	Study designs	Sample sizes
Work withdrawal	1	Correlational	77 home visitors
Intent to leave	2	1 Descriptive 1 Correlational	Ranged from 27 to 877 home visitors
Workforce retention	2	All Correlational	Ranged from 46 to 89 home visitors
Service delivery	3	1 Descriptive 2 Correlational	Ranged from 49 to 89 home visitors

Individual-Level Outcomes

Individual-level outcomes are measured at the individual staff level and include work withdrawal and intent to leave.

Work withdrawal includes not being mentally present at work and/or engaging in unfavorable behaviors at work, including lateness, absenteeism, or neglecting tasks. Significant predictors of work withdrawal included stress, burnout, low job satisfaction, and staff perceptions of lack of employer concerns over their personal safety.[23,53] In a study of child welfare employees, reports of stress contributed more to work withdrawal than any other factor.[53] In home visiting, work withdrawal was associated with higher levels of burnout, low satisfaction with

benefits, and home visitor perceptions that their employers are less concerned about their personal safety.[23] Studies examining work withdrawal as an outcome were mostly correlational.

Intent to leave includes employee thoughts, plans, and intentions to leave their job. Articles examined multiple predictors of intent to leave, such as burnout,[23,62,63] low job satisfaction,[22] indirect trauma,[34,35] stress,[22,63] low pay,[21,55] poor benefits,[21,23] and organizational climate.[22,41–43] A 2014 meta-analysis of turnover intention among child welfare workers found that the strongest predictors were organizational commitment, job stress, job satisfaction, professional commitment, and organizational climate.[22] Many studies found that positive perceptions of organizational climate and/or culture were associated with lower intent to leave and/or turnover.[41–43] Across the literature, many studies found that a lack of organizational support (such as professional development or training) predicted negative outcomes, including intent to leave.[35,43,47,57] Studies reviewed that examined intent to leave as an outcome were mostly correlational, with one exception (see box).

Strongest predictors of turnover intention include staff organizational commitment, job stress, job satisfaction, professional commitment, and organizational climate.

Quasi-Experimental Research Findings on Intent to Leave

Goals and purpose: Examine the effects of an organizational Design Team intervention on caseworker and supervisor intention to leave child welfare.

Notable details: Twelve child welfare agencies self-selected to participate in a workforce retention study. Of those, three completed a Design Team intervention. Design Teams are groups of employees who work together to solve organizational issues leading to intent to leave and turnover in their organization. This study used individual-level matched data to analyze effects of the intervention on intention to leave among participants in the three agencies that completed the intervention.

Findings: Compared to a control group (n = 63), child welfare caseworkers and supervisors whose agency participated in a Design Team intervention (n = 82) demonstrated a greater positive improvement in perceptions of burnout and role clarity, job satisfaction, and agency commitment and decreased intent to leave.

Source: Strolin-Goltzman J, Lawrence C, Auerbach C, et al. Design Teams: A promising organizational intervention for improving turnover rates in the child welfare workforce. Child Welfare. 2010;88(5):149-168.

Local Implementing Agency and Organizational-Level Outcomes

Local implementing agency and organizational-level outcomes are measured at the program or organization level and include workforce retention and service delivery.

Statistically significant predictors of workforce turnover included intent to leave, low job satisfaction, and stress—however, findings were inconsistent across studies.[29,47,51] Some studies found associations between job satisfaction and turnover[29,51], whereas one study found that job satisfaction, burnout, and stress do not predict turnover after accounting for tenure and intent to stay.[47] Reviewed studies that examined turnover as an outcome were mostly correlational, with one exception (see box).

Experimental Research Findings on Workforce Retention

Goals and purpose: Examine factors affecting staff retention during an implementation of an evidence-based intervention, SafeCare, in a statewide child welfare system.

Notable details: This study used 2 x 2 experimental design, in which the evidence-based intervention versus services as usual was crossed with the level of fidelity monitoring (monitored versus nonmonitored). Providers were randomized to one of four groups: (1) participating in SafeCare and receiving fidelity monitoring; (2) participating in SafeCare with no fidelity monitoring; (3) services as usual and receiving fidelity monitoring; or (4) services as usual and with no fidelity monitoring.

Findings: Quantitative results indicated that the SafeCare with fidelity monitoring condition had significantly greater staff retention relative to the other conditions and that greater perceived job autonomy had a reduced risk of turnover. Qualitative findings indicated that rather than being seen as reducing job autonomy, providers were satisfied with the additional support they received from the fidelity monitoring. Most providers believed the intervention gave them increased autonomy by providing them with more structure, thus making them feel more competent in their positions. These results highlight the importance of organizational support, worker autonomy, and worker self-efficacy.

Source: Aarons GA, Fettes DL, Sommerfeld DH, Palinkas LA. Mixed methods for implementation research: Application to evidence-based practice implementation and staff turnover in community-based organizations providing child welfare services. Child Maltreat. 2012;17(1):67-79. doi:10.1177/1077559511426908

Studies found that job stressors and demands and psychological well-being affect staff ability to engage with families,[4] **length of family enrollment,**[25] **and quality of service delivery.**[7] In ECE, one study found associations among ECE provider depressive symptoms, the quality of interactions between children and teachers, and child behavior problems.[7] In home visiting, one descriptive study and one correlational study examined provider engagement with program participants' and families' engagement with program services. In the descriptive study, home visitors

reported that work-related stress, such as paperwork and data entry, diminished their engagement with program participants.[4] The correlational study found that home visitors' work-related emotional exhaustion was associated with lower maternal ratings of home visitor goal alignment and fewer days of family enrollment in program services.[25] The studies reviewed that examined service delivery as an outcome were all correlational.

Home visitors' work-related emotional exhaustion was associated with lower maternal ratings of home visitor goal alignment and fewer days of family enrollment in program services.

Limitations

Some limitations should be considered when interpreting findings from this review (see prior discussion). A final limitation relates to the broad array of topics and constructs examined, many of which have their own bodies of literature, research, and evaluation (such as burnout, job satisfaction, indirect trauma). We did not carry out comprehensive reviews of each of these topics and constructs. Findings from this review could be supplemented with existing reviews on the specific topics and constructs discussed within this report. Last, because most reviewed studies are correlational, it is not possible to assess the relative importance of different dimensions of professional well-being and/or factors that influence professional well-being.

Literature Review: Implications for Practice

Programs should recognize home visitor professional well-being from a strength-based perspective, as more than just an absence of burnout. Professional well-being is a complex and multidimensional concept. Although it is important to address burnout, it is also important to promote job satisfaction, self-efficacy and confidence, and job meaning and fulfillment. For example, programs could engage in ongoing monitoring or discussions surrounding home visitor job and compassion satisfaction to identify areas of concern and to intervene before home visitors experience burn out and leave the workforce.

To promote home visitor professional well-being, programs can foster positive organizational climates, provide organizational support, and offer adequate pay and benefits. Programs can work collaboratively with home visiting staff to examine their current efforts in these areas and to identify strengths and where home visitors need additional supports. For example, programs might use existing measures of organizational climate to assess staff perceptions of organizational climate and to better understand areas in need of improvement. As another example, programs could work with home visitors to examine current sources of organizational support (such as professional development or training) and to identify areas where staff need additional supports to effectively carry out their job roles and responsibilities.

Strategy in Action: Consider using existing measures, such as the Measure of the Workplace Environment, to assess how staff feel about organizational climates. Use results to identify areas of strength and to make action plans to address areas in need of improvement.

Programs can identify ways to ensure staff have protected time to take breaks, learn about techniques to manage work-related stress, and receive support from their supervisors and peers. Although home visiting is a rewarding job, the relationship-based nature of the work requires ongoing opportunities to decompress, recharge, and connect with others to maintain professional well-being. For example, programs could consider offering group mindfulness-based interventions and dedicated time to practice techniques learned in interventions as a way of buffering against work-related stress.

Programs can leverage the reasons why home visitors are drawn to home visiting by recognizing and celebrating success stories and by reconnecting to sources of job meaning and fulfillment. Home visitors commonly report that working with families, seeing families achieve

their goals, and watching children develop is a highly rewarding and meaningful career. To help maintain a sense of job meaning and fulfillment, programs should identify ways to showcase success stories within and outside of their organization. For example, staff could present success stories during team meetings or programs could support home visitors to share their stories with funders or other community agencies. This not only helps home visitors remember the reasons they were drawn to home visiting, but it also validates their work. Sources of job meaning and fulfillment could also be explored during supervision.

Strategy in Action: Use supervision sessions to explore sources of job meaning and fulfillment with home visitors to help reenergize a sense of job commitment and satisfaction.

Literature Review: Implications for Research

More research is needed to specifically account for unique characteristics of the home visiting context, including the two-generation approach of home visiting and the embedded nature of programs within multiple contexts. Most of the studies reviewed came from child welfare (58 percent) or ECE (15 percent). Although similarities exist between these fields and home visiting, the home visiting context is unique in many ways. First, home visiting attends to the needs of caregivers and children. Thus, home visitors support families on a wide range of topics—from addressing substance use and ensuring children receive recommended well-child visits to accessing needed community services and supporting children's early literacy skills. This requires home visitors to draw on knowledge and expertise in multiple disciplines to effectively meet individual family needs. This may be rewarding, but it can also be emotionally taxing and requires a sense of self-efficacy and confidence in many topic areas. Second, since the expansion of federal funding for home visiting through the MIECHV Program, more home visiting programs are now embedded within and influenced by a larger home visiting system operating at federal, model, state, and local community levels. Home visitor professional well-being needs to be considered within these broader contexts as they have the potential to constrain or facilitate practices that promote home visitor professional well-being.

Home visiting is unique in attending to the needs of children and caregivers. This requires home visitors to draw on knowledge and expertise in multiple disciplines, which can be rewarding but also emotionally taxing. More research is needed to account for the unique characteristics of the home visiting context.

To promote the well-being of the home visiting workforce, the field needs a clear and shared understanding of home visitor professional well-being that can be used across studies. Most of the reviewed articles did not explicitly define or examine dimensions of well-being, let alone professional well-being. Rather, literature focuses on outcomes associated with a lack of well-being, such as burnout and indirect trauma.

Future research should more closely examine how individual home visitor factors influence staff perceptions and appraisals of workplace supports and the impact of workplace supports on professional well-being and workplace performance. The field of home visiting comprises a diverse workforce, and research should account for factors such as staff characteristics, values, priorities, personal histories, and cultural contexts. Existing literature largely fails to consider how

individual staff characteristics, values, priorities, personal histories, community, or cultural contexts attribute to varying perceptions and experiences of influential factors and constructs that relate to professional well-being. Instead, sociodemographic factors are mostly used in analysis to “control” for the possible effects of associations between influential factors and/or outcomes as a function of characteristics like race, gender, or educational background. Given that these factors cannot be controlled for in real workplace contexts, future studies should examine factors and outcomes by disaggregating data according to relevant sociodemographic characteristics.

More rigorous research is needed to evaluate the efficacy of promising influential factors, such as organizational climate and support. These factors demonstrate consistent positive associations with job satisfaction and lower levels of turnover. Yet understanding is limited about causal linkages among individual and organizational factors, dimensions of professional well-being, and outcomes.

Future research should examine desired workplace performance and workforce outcomes associated with the presence of promotive workplace factors or well-being. Studies included in the review examining outcomes were largely correlational and examined undesirable outcomes such as work withdrawal, intent to leave, turnover, or diminished engagement with families. Relatively few studies focus on factors that promote resilience and desirable outcomes, such as job satisfaction, self-efficacy, job meaning and fulfillment, and psychological well-being. There is also limited understanding of the specific pathways among promotive factors, professional well-being, and desired outcomes. Within the home visiting context, for example, no research examines causal associations between dimensions of home visitor professional well-being, the nature and quality of their work with families, and positive child and family outcomes.

Few studies focus on factors that promote resilience and desirable outcomes, such as job satisfaction, self-efficacy, job meaning and fulfillment, and psychological well-being. There is also limited understanding of the specific pathways among promotive factors, professional well-being, and desired outcomes.

Conceptual Model

We used the literature review findings and identified gaps to inform the development of a conceptual model. The conceptual model provides a structure for key literature review findings and addresses gaps by completing a supplemental literature review from broader fields (such as occupational health and well-being, organizational psychology, healthcare, and business). The supplemental review identified promotive factors, dimensions of professional well-being, and desired workforce outcomes. The conceptual model also provides a framework for future theory development and hypothesis testing. Given the lack of research on professional well-being within home visiting, the model is largely based on literature and research from other fields along with ongoing engagement with project consultants and practitioners. Additionally, given the lack of causal research findings, although the model is evidence-informed, it is theoretical.

A summary of our approach to developing the conceptual model is provided below followed by an overview of each key component of the model. Examples of supporting theories, models, and literature for each component of the model are provided in callout boxes.

Conceptual Model at a Glance

This chapter builds off literature review findings and other sources to create a conceptual model of professional well-being, its promotive factors, and associations with workplace performance. It presents professional well-being within a complex, multilevel home visiting system. Key definitions include:

- *Dimensions:* Aspects of health, well-being, feelings, and attitudes that comprise home visitor professional well-being.
- *Levels:* Contexts, agencies, entities, and individuals that are part of the home visiting system.
- *Key drivers:* Factors occurring at all levels of the home visiting system that either interfere with or promote professional well-being.
- *Individual home visitor factors:* Individual home visitor characteristics, contexts, perceptions, values, and attributes that mediate associations between drivers, influence professional well-being, and influence outcomes.

Individual home visitor factors influence the impact of key drivers on dimensions of professional well-being. These dimensions, in turn, influence home visitor-, program-, family-, and child-level outcomes.

Approach to Developing the Conceptual Model

An iterative process, comprising six main steps, was used to develop the conceptual model. Appendix D provides a detailed summary of the information sources used to develop the conceptual model.

STEP 1 Review of commonly examined constructs, influential factors, and outcomes from the preliminary literature review findings discussed above to identify constructs and influential factors related to professional well-being and to identify desirable workplace outcomes.

STEP 2 Supplemental review of literature related to general well-being, worker well-being, and workforce well-being from broader disciplines, fields, and contexts. For example, literature from organizational psychology, occupational health, business, and healthcare.

STEP 3 Review of existing conceptual models to identify commonly included components, options for visualizing relationships among key components, and methods of providing supporting text to accompany conceptual models. Examples of conceptual models reviewed include—

- Coping Reserve Model by Dunn et al.[64]
- Shanafelt Model of Physician Well-Being[64]
- National Academy of Medicine Model of Clinician Well-Being and Resilience[64]
- National Institute of Occupational Safety and Health Worker Well-Being Framework[65]
- Kwon Model of Whole Teacher Well-Being[66]
- Early Childhood Professional Well-Being model by McMullen et al.[10]
- National Academies of Sciences Model Systems Model of Clinician Burnout and Professional Well-Being[17]

STEP 4 Review of relevant theories for their applicability to home visiting. This included levels of need and support and dimensions of well-being that contribute to professional well-being and workplace performance. Example theories include the conservation of resources theory, job-demand-control-support model, Maslow's hierarchy of needs, prosocial model from ECE, and principles and theories of adult learning.

STEP 5 Two input sessions with local program staff, MIECHV awardees, Tribal MIECHV grantees, model representatives, and training and technical assistance providers to obtain feedback and suggestions on draft conceptual models. See appendix D for details on engagement activities and feedback received.

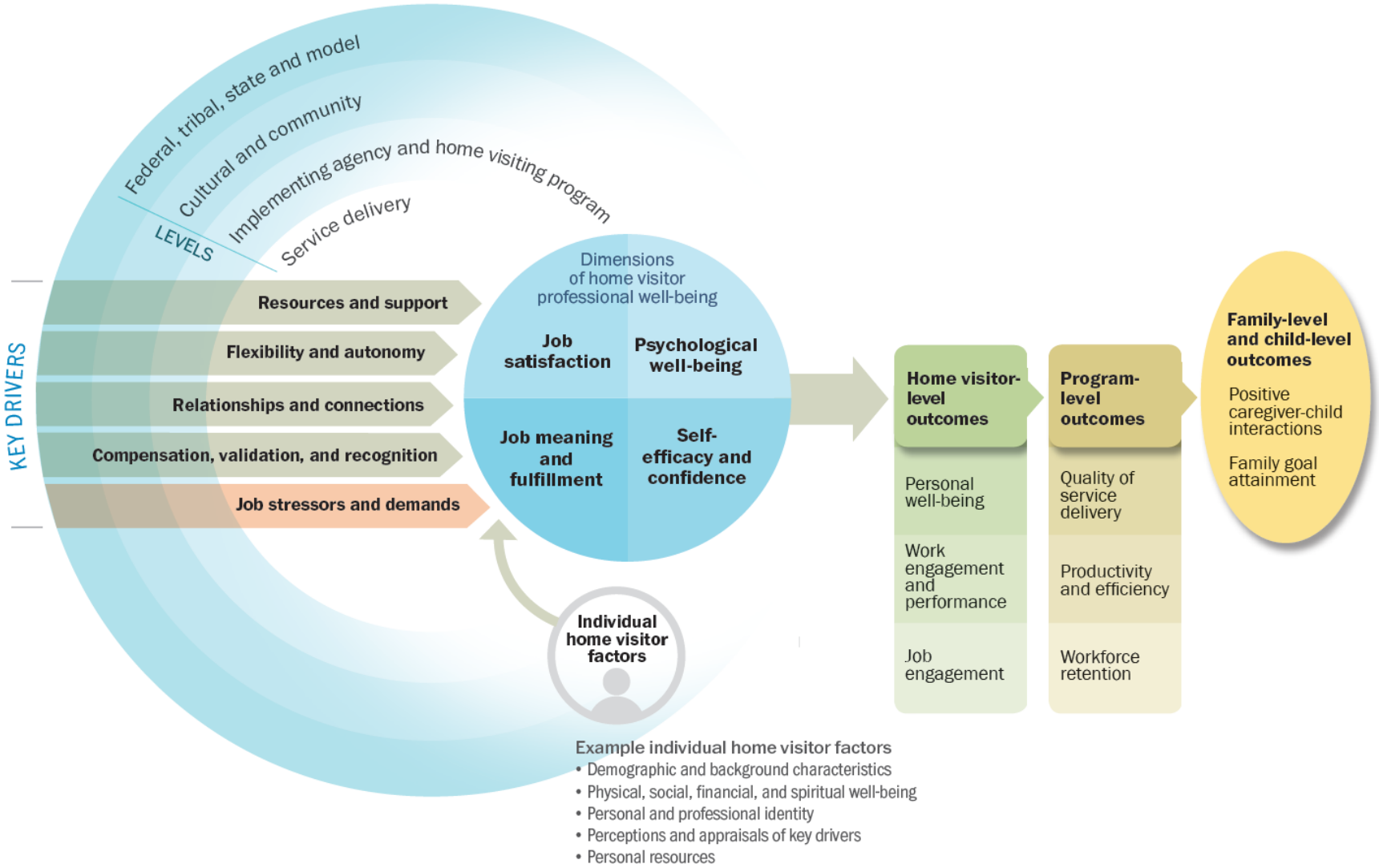
STEP 6 Ongoing engagement with consultants whose work focuses on ECE workforce well-being, infant and mental health consultation, general workforce well-being, and the home visiting

workforce. Completed four consultant calls to obtain consultant feedback and suggestions on draft conceptual models. See appendix D for details on engagement activities and feedback received.

Overview of the Conceptual Model

The conceptual model (1) views professional well-being using a systems approach by acknowledging the multilevel contexts home visitors work in, (2) outlines promotive factors—within a system and within individual staff—that promote or mitigate the effects of job stressors and demands to promote professional well-being, and (3) includes dimensions of professional well-being that systems and workplaces can support to achieve positive home visitor-, program-, family-, and child-level outcomes (see exhibit 12). Here we describe each component in detail.

Exhibit 12. Conceptual Model of Home Visitor Professional Well-Being



Dimensions of Home Visitor Professional Well-Being

The model depicts home visitor professional well-being in four positively framed dimensions: job satisfaction, psychological well-being, job meaning and fulfillment, and self-efficacy and confidence. Job satisfaction and psychological well-being align with the constructs discussed in the literature review findings. However, we approached psychological well-being using a positive frame to highlight indicators of *well*-being—and not focus solely on outcomes associated with a lack of well-being, such as depressive symptoms or burnout, which was a common focus of existing literature. We also added two dimensions, self-efficacy and confidence and job meaning and fulfillment, based on research demonstrating that these dimensions promote positive workplace outcomes and based on their inclusion in existing models.[10,16,22,67] The model builds on existing research showing associations between these dimensions and suggests that the dimensions of professional well-being overlap with and influence one another.

The dimensions of professional well-being include—

Job satisfaction: Includes staff satisfaction with job roles, job responsibilities, workload, salary, advancement and promotion opportunities, communication, and work-life balance. Also includes satisfaction with levels of cognitive engagement, stimulation, and challenge as a function of job roles and responsibilities.

Psychological well-being: Includes general emotional and mental health functioning,[68] positive affect, as well as capacities and skills related to managing emotions and coping with sources of stress.

Self-efficacy and confidence: Self-efficacy and confidence in carrying out job responsibilities, including general feelings of being able to do your job well.

Job meaning and fulfillment: Feeling a sense of purpose and meaning from job roles and responsibilities. This includes a sense of contributing to families, community, and culture. Also includes compassion satisfaction or feelings of personal accomplishment and success related to job responsibilities and roles.

As mentioned, to supplement the preliminary literature review, we referenced a broader literature base to identify positively framed dimensions of professional well-being that are associated with

positive workplace performance and desired workforce outcomes (see box for examples of supporting literature).

Supporting Literature: Dimensions of Home Visitor Professional Well-Being

Self-efficacy and confidence: Research found that job resources resulted in decreased burnout and higher levels of work engagement via workers' enhanced perceptions of self-efficacy.[69] In separate studies, self-efficacy was shown to explain the positive consequences of job resources on increased job engagement over time and job engagement on a day-to-day basis.[70]

Job meaning and fulfillment: Supervisors and home visitors reported that home visitors remain in their jobs because of a "passion" for the work they do.[24,71] In studies outside of home visiting, passion for one's job contributed to higher work investment and retention.[72]

Levels of the Home Visiting System

Consistent with prior ecological models of home visiting,[73,74] the model shows that home visiting systems are comprised of multiple levels that interact dynamically and influence one another. It is important to note that home visitors are nested within multiple contexts, or levels, of a home visiting system. Contextual factors operating at each level of the home visiting system collectively influence the key drivers of professional well-being included in the model. Levels of the home visiting system include—

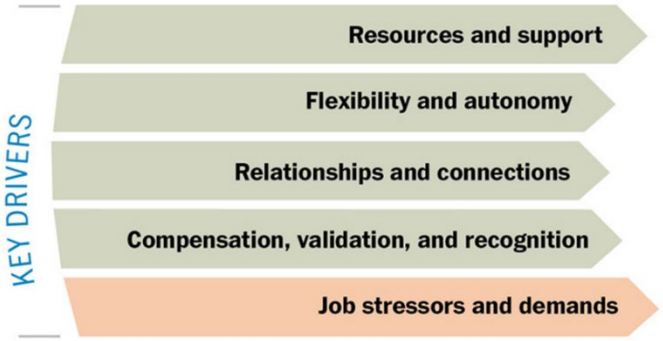
Federal, tribal, state, and model contexts: Includes guidelines, policies, funding, requirements, and support at the federal, tribal, and state level that may influence home visitor professional well-being either directly or indirectly. This might include policies and guidelines that support home visitor participation in decision making or that influence home visitor salaries and benefits.

Cultural and community contexts: Includes cultural values and priorities, normative standards and practices surrounding well-being, and cultural practices and identities. This also includes community characteristics and contexts and supportive services that contribute to individual health and well-being as well as community health and well-being.

Local implementing agency and home visiting program contexts: The local agency housing an individual home visiting program that provides services to families. Implementing agencies may provide oversight, fiscal monitoring, and physical space for the home visiting program. This includes interpersonal relationships and professional networks that home visitors are embedded in and the structure, routines, resources, and practices of the implementing agency and home visiting program.

Service delivery contexts: Refers to the contexts where home visitors provide services to families, commonly in families' homes. Includes positive experiences in the form of quality working relationships with families and finding meaning and satisfaction in helping families and young children. Also includes experiences related to concerns over personal safety, stressful family and household contexts, and physical demands of job performance. Also includes contexts and challenges associated with virtual service delivery and navigating the challenges associated with the COVID-19 pandemic.

Key Drivers of Professional Well-Being



The model describes five key drivers of home visitor professional well-being that are situated within the levels of a home visiting system. In alignment with existing models and theories that are well supported in empirical research, such as the Job Demands Resources Model and the Conservation of Resources Theory, the model suggests that professional well-being and desired workplace performance is achieved when promotive drivers are in place to reduce the effects of job stressors and demands.[69] To identify the key drivers included in the model, we first developed extensive lists of influential factors by examining (1) significant predictors of constructs related to professional well-being and workforce outcomes identified in the literature review, (2) influential factors included in existing conceptual models and relevant theories, (3) influential workplace and contextual factors discussed in broader literature bases (such as occupational health, positive organizational psychology, healthcare, and business), and (4) factors mentioned by practitioners, individuals who represent or support practitioners, and researchers as relevant and important in the home visiting context. From these extensive lists, we grouped influential factors thematically into the key drivers listed below.

Resources and support

This driver includes resources and support that home visitors need to effectively carry out their job responsibilities. It includes components such as program materials (e.g., manuals, protocols), professional development supports (e.g., training, coaching), data systems and tools, technology resources (e.g., laptops, cellphones), and adequate time to perform tasks and manage caseloads. This driver also includes clarity surrounding job roles and responsibilities and alignment of job requirements with home visitor skills and expertise.

Flexibility and autonomy This driver includes home visitor actual or perceived sense of adaptability and control in carrying out their work. This includes staff being able to adjust and change the timing, location, and number of hours worked when needed. It also includes being able to use their knowledge and practice expertise to adjust plans and to make decisions about how to provide services and program content to families and how to best support families.

Relationships and connections This driver centers on actual or perceived sense of supportive and helpful relationships and connections. This includes relationships with other service providers in the community, relationships with colleagues and supervisors, and relationships with families and children. This driver also includes leadership skills and competencies.

Compensation, validation, and recognition This driver focuses on home visitor actual or perceived sense of validation and recognition for their work. This includes public awareness and appreciation for home visiting services, home visitor participation in program decision making, and incentives and advancement opportunities for job performance. It also includes validation and recognition via adequate and equitable salaries and benefits.

Job stressors and demands This driver focuses on actual or perceived job stressors and demands that home visitors experience as a function of carrying out their jobs. This includes stressors like exposure to traumatic contexts and situations, managing paperwork and data collection requirements, and feelings of isolation.

Examples of supporting literature for each of the promotive key drivers are provided below (see box).

Supporting Literature: Key Drivers of Professional Well-Being

Resources and supports: Role clarity is necessary for job satisfaction and motivation.[70] Professional development supports, such as training, mentoring, coaching, and workshops, promote worker well-being and work engagement.[75]

Flexibility and autonomy: Widespread evidence shows that job control, autonomy, and decision making are linked to both psychological and physical outcomes.[76] Loss of control and autonomy is cited in multiple studies as a major contributor of staff stress and burnout.[75] Low sense of autonomy was a significant predictor of ECE teachers' decisions to leave.[67]

Relationships and connections: Positive relationships and connections with coworkers and supervisors prevent burnout.[77] Home visitors report that positive relationships with families, coworkers, and supervisors are important motivators.[71] Positive ratings of leadership interest in staff opinions, feedback, and careers are associated with decreased burnout and increased job satisfaction.[75]

Compensation, validation, and recognition: Home visitors report that policies related to pay and sick leave influence their decision to stay in their job.[26,71] In ECE, benefits related to health, disability, and retirement, play a significant role in teacher retention.[67]

Exhibit 13 provides example factors, at each level of the home visiting system, that influence the key drivers. We have noted which factors were mentioned in existing literature, conceptual frameworks, or relevant theories (with example citations, an exhaustive list of citations that endorsed a factor is not provided). We also noted which factors were raised by home visiting practitioners and/or individuals who work with and support practitioners or by project consultants.

Exhibit 13. Example Influential Factors Within Key Drivers Across Levels of the Home Visiting System

Key drivers	Federal, tribal, model, and state contexts	Cultural and community contexts	Implementing agency and home visiting program contexts	Service delivery contexts
Resources and supports	• Funding stability with dedicated funding sources[78] • Systems coordination (p)	• Availability of community resources to meet family needs[4] • Community engagement and cohesion (c)	• Appropriate and flexible caseloads[4,79,80] (c) • Training and professional development[78] (c, p) • Technical assistance[81] (p) • Necessary resources to carry out job functions[16,64,80,82] (c) • Clarity of job role and expectations (c, p) • Administrative supervision (p) • Incorporation of self-care practices[26] (p) • Commitment to work-life balance[79] (c) • Alignment of job requirements with skills and expertise[64,83]	• Culturally and linguistically appropriate program materials (p) • Access to necessary technology to carry out job functions[64] • Reliable transportation and access to roadside support (c) • Time to take breaks between home visits to recharge[16]
Flexibility and autonomy	• Policies and guidelines that support flexible program implementation (c)		• Job autonomy, control, and flexibility[4,64,68,79,80,82,84,85] (c, p)	• Balance of time spent on desirable and less desirable job functions (p) • Opportunities to carry out job functions efficiently and in a productive manner[76,83]

Key drivers	Federal, tribal, model, and state contexts	Cultural and community contexts	Implementing agency and home visiting program contexts	Service delivery contexts
Relationships and connections	• Policies that support diversity, equity, and inclusion in the workplace (p) • Policies and guidelines that provide opportunities for peer collaboration and support (p) • Policies and guidelines that provide opportunities for consistent reflective supervision (p) • Leadership practice (c, p)	• Social supports and relationships[4,64,65,84,86] • Relationships with cultural representatives and local leaders (c)	• Partnerships with other organizations and programs (c) • Positive workplace climate and culture[16,64,65,68,78,79,86] (c, p) • Opportunities for peer collaboration and support[64,79,82,84–86] (p) • Diversity, equity, and inclusion in the workplace[78] (c, p) • Reflective supervision (c, p) • Clinical supervision (c) • Emphasis on parallel process (p) • Quality relationships with supervisors (c) • Leadership practice (c, p)	• Positive relationships with families and children (c, p)

Key drivers	Federal, tribal, model, and state contexts	Cultural and community contexts	Implementing agency and home visiting program contexts	Service delivery contexts
Compensation, validation, and recognition	• Avenues for hearing and learning from home visitor experiences and voices[78] (c, p) • Funder and stakeholder acknowledgement, appreciation, and validation of home visitor's work[68,86] (p) • Public perception and appreciation of home visiting[78] (c) • Policies that support fair and equitable salaries and benefits (p)	• Community understanding and appreciation of home visiting (p) • Cultural leader understanding and appreciation of home visiting (p)	• Fair and equitable salary and benefits[4,16,65,68,78,82,84,85,87] (c, p) • Home visitor voice and participation in program decisionmaking[78,79,85] (c, p) • Advancement opportunities[78,87] (p) • Recognition and reward for job performance (c, p)	• Family engagement and appreciation[26] (c) • Family successes and accomplishments (c)

Key drivers	Federal, tribal, model, and state contexts	Cultural and community contexts	Implementing agency and home visiting program contexts	Service delivery contexts
Job stressors and demands	• Accountability for program performance measures (p) • Fiscal instability[4] (c) • Systemic racism (c, p)	• Concerns over community safety[4,79] (c) • Lack of community support or buy in for home visiting programs (p)	• Data collection and documentation requirements[4,80,82] (c, p) • Heavy caseloads[4,79,80] (c) • Maintaining model fidelity requirements (c, p) • Job insecurity[68,87] (c, p) • "Top-heavy" agencies (c, p) • Discrimination and microaggressions in the workplace (c, p) • Role ambiguity[79,84] (c, p) • Racial trauma, triggered by work in the organization and field (c)	• Personal safety concerns[4,79] (c) • Physical demands of job performance[16,68,86] • Working with families with challenging characteristics[16,85,87] or challenging contexts and living situations[16,85] (c) • Challenges establishing positive working relationships with families[64,85] (c) • Role as mandated reporter (c) • Feelings of isolation (c) • Burden of travel (c)

(c) indicates discussed by consultants; (p) indicates discussed by home visiting practitioners or individuals who work with and support practitioners.

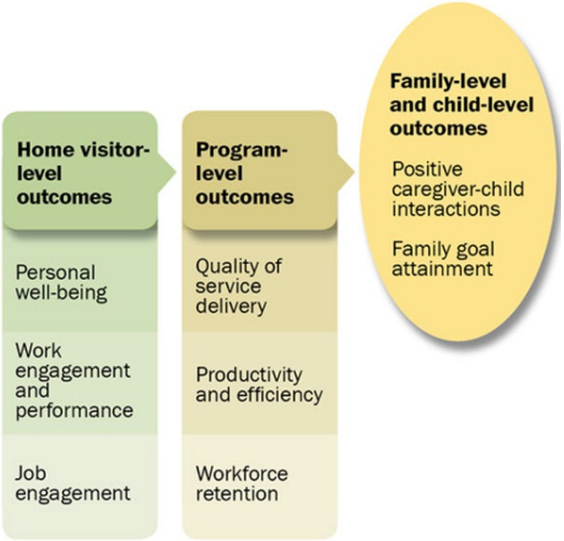
Individual Home Visitor Factors

Consistent with prior research, the model suggests that an individual's personal characteristics influence the way they interact with and experience the work and thus also contribute to professional well-being. For example, research suggests that individual worker attributes, like psychological and personal resources and approaches to self-evaluation, affect how workers benefit from job resources and mediate associations between key drivers, dimensions of professional well-being, and outcomes.[83] Additionally, individual home visitor factors and characteristics influence how home visitors perceive and appraise the key drivers included in the model. Individual factors outlined in the conceptual model include—

- Individual home visitor demographic and background characteristics
- Home visitors' personal well-being (such as physical, social, spiritual, and financial well-being)
- Home visitor personal and professional identities
- Home visitor personal resources and psychological capital, including general self-esteem, general self-efficacy, emotional stability, emotional intelligence (ability to recognize, understand, and respond to their own emotions and the emotions of others), locus of control, optimism, and resiliency[88]

Outcomes Associated With Professional Well-Being

Last, the model includes a series of outcomes at the home visitor-, program-, family-, and child-levels based on theoretical understandings and prior research. Home visitor outcomes are viewed as the immediate result of enhanced professional well-being. Program-, family-, and child-level outcomes may be more distal in nature and would be achieved over an extended period. These more distal outcomes are likely influenced by multiple factors, outside of professional well-being. We recognize that professional well-being is one of several factors within a larger home visiting system and families' own ecological contexts that influence family and child level outcomes. Outcomes included in the conceptual model are discussed below.



Home visitor-level outcomes: May be the pathway for achieving program-, family-, and child-level outcomes as a function of professional well-being. These pathways may differ depending on the program-, family-, or child-level outcome under consideration. For example, improvements in home visitors' personal well-being (in the dimensions of physical, social, financial, and spiritual well-being) may enable home visitors to be more engaged and present in their work with families and to develop quality working relationships with families—thus promoting the quality of home visiting services and family and child outcomes. As another example, home visitors' engagement and performance in day-to-day work[79,68,89] may lead to improvements in program productivity and efficiency. Finally, home visitors' longer-term job engagement via indicators like job attendance, organizational commitment,[89] and intent to stay[89] supports workforce retention.

Program-level outcomes: Occur as the result of the proximal home visitor outcomes and are expected to be achieved over an extended period. Examples include the quality of service delivery, which may include home visitor engagement with families; positive, supportive, and responsive interactions with families; the quality of helping relationships with families;[85] family engagement; and adherence to model expectations and guidelines. Additional examples include productivity and efficiency, which could include costs of service delivery; costs of recruiting, hiring, and onboarding staff; practice improvements and innovations introduced; time to complete tasks; and ratio of expected tasks completed. Program-level outcomes also include a stable home visiting workforce via workforce retention.

Family- and child-level outcomes: Occur as the result of proximal home visitor outcomes and program-level outcomes. Home visitor professional well-being is assumed to improve family outcomes through a parallel process in which improvements in home visitors' professional well-being promotes home visitors' ability to engage in positive, supportive, and responsive interactions with caregivers, which leads to caregivers engaging in positive, supportive, and responsive caregiver-child interactions. Additional examples of family- and child-level outcomes include child health and development, child early literacy skills, children meeting developmental milestones, and family goal attainment in outcomes areas of interest.

Conceptual Model: Implications for Practice

Consider using the conceptual model as a guide for thinking about home visitor professional well-being and supports that need to be in place to promote it. For example, programs can consider factors within each of the key drivers that they have the capacity to change or influence. This can inform the development of quality improvement plans or continuous quality improvement efforts to bolster the key drivers of resources and supports; flexibility and autonomy; relationships and connections; and compensation, validation, and recognition.

Review the conceptual model with staff to help them better understand why professional well-being matters and how it affects their practice with families and their personal well-being. The conceptual model provides a simple framework to help home visitors reflect on their own professional well-being and to better understand how it can affect their practice with families. This may help home visitors recognize the importance of maintaining a healthy work-life balance and seeking help when needed to manage work-related stress before they experience symptoms of burnout, depression, or secondary traumatic stress. The model can also prompt home visitors to reflect on the intersection between their professional and personal well-being. For example, it can help home visitors understand why taking time to recharge or to seek social connections outside of work is critical for both their professional and personal well-being.

Strategy in Action: Review the conceptual model with home visitors to help them understand why their professional well-being is important. Reviewing the conceptual model can also help facilitate discussions on how home visitors can take steps to seek help as needed to maintain their professional well-being.

Use the conceptual model to facilitate discussions with staff and consider how individual and contextual factors may affect home visitors' needs. Just as families present with diverse cultural, racial, and ethnic backgrounds, as well as a range of experiences, challenges and psychological resources, home visitors also bring unique individual factors that affect their work with families. It is essential for home visiting programs to move away from a one-size-fits-all approach to promoting home visitor well-being. Supervisors could explore these topics with staff in individual supervision.

Conceptual Model: Implications for Research

The conceptual model provides a helpful starting point for advancing understandings of dimensions of home visitor professional well-being and factors that promote it. It can inform the development and testing of research questions and associated study designs. As such, it is anticipated that the model may evolve and change over time as empirical investigations are carried out to test the model. It is also important to carry out community-engaged research to field test the model and to assess its relevance, utility, and applicability across home visitors, local implementing agencies, home visiting programs, models, and community and cultural contexts.

The model can also inform research and evaluation to examine specific pathways between drivers, dimensions, and desired workforce outcomes. These examinations can provide greater clarity surrounding precise pathways between drivers of professional well-being, dimensions of professional well-being, and specific outcomes. The model can also inform empirical investigations of associations between dimensions of professional well-being and aspects of personal well-being—such as physical, financial, spiritual, or social well-being.

The model helps frame research in alignment with the Home Visiting Applied Research Collaborative's precision paradigm to address the question of "What works best for whom, under what conditions?"[90] **as it relates to professional well-being.** For example, examining professional well-being with a precision paradigm lens encourages the field to consider the importance of contextual and individual factors. It also encourages the field to think carefully about the precise pathways for promoting dimensions of professional well-being and intended workforce outcomes. This helps the field recognize the diversity of the home visiting workforce and move away from a one-size-fits-all approach.

Environmental Scan

We conducted an environmental scan of trainings, resources, strategies, and measures (hereafter referred to as materials) to better understand how professional well-being is currently addressed within home visiting and adjacent fields. We reviewed materials in relation to the conceptual model and identified gaps in existing materials. A summary of environmental scan methods and findings is provided below.

Environmental Scan Methods

The environmental scan included four steps: (1) a public call for information about relevant materials to home visiting model representatives, MIECHV awardees, Tribal MIECHV grantees, and organizations, entities, and individuals with expertise in the areas of technical assistance, professional development, and the home visiting workforce; (2) targeted website searches of 18 organizations, entities, and efforts identified as potentially relevant; (3) a series of web-based searches using a list of predetermined search terms; and (4) identification of relevant materials identified in the literature review.

Materials were included if they met the following eligibility criteria:

- Focused on content related to supporting, promoting, or measuring an aspect of professional well-being
- Included a description of strategies, interventions, resources, or measures that can support their application and use in other contexts

There are some methodological limitations to consider when interpreting findings from the environmental scan. Although we were thorough in our search for relevant materials,

Environmental Scan at a Glance

Informed by the conceptual model, the environmental scan details 86 trainings, strategies, resources, and measures related to professional well-being. Key findings include:

- Most materials addressed one dimension of professional well-being: psychological well-being.
- Most included materials related to three drivers of professional well-being:
  - Job stressors and demands
  - Resources and supports
  - Relationships and connections
- Materials mainly focused on modifying individual home visitor behaviors through self-care techniques or mindfulness to address job stressors and demands, prevent burnout, and promote professional well-being.
- Very few materials focused on structural, organizational, or systemic approaches for promoting professional well-being.

we were not exhaustive. Therefore, the included materials represent a sample of available materials. We may have missed relevant materials that were not easily found on websites, that were not submitted through the public call for information, or that were not available at the time of our review. Additionally, we relied on publicly available information to describe the materials and their relation to the conceptual model. In some cases, descriptions of materials did not include much specificity, and details were missing. For example, information about how materials were developed or if they were informed by theory or prior research was often limited. For some measures, we were unable to access all items, scoring rubrics, or complete information on psychometric properties, which limited our ability to evaluate them fully. For more details about the environmental scan methodology and a list of all materials included in the scan, see appendix E.

Overview of Included Materials

A total of 86 materials were selected for inclusion in the environmental scan. For each material, we used publicly available, descriptive information to determine the type of material, the field of study it was designed for, and its relationship to key components of the conceptual model (i.e., drivers and dimensions). Exhibit 14 displays the types of material included. Most of the trainings and resources were identified through the targeted website searches. Strategies were mainly identified through the literature review and call for information. Almost all of the measures were identified through the literature review.

Definitions

Training: Teaches participants about a specific skill or content area (e.g., webinar, presentation, in person training, on-demand modules, archived webinar recordings)

Resource: Provide summary of information or topic (e.g., tip sheets, guides, worksheets, fact sheets, toolkits, webpages)

Strategy: In-depth, intensive, and complex effort (e.g., communities of practice, workshops, interventions, policies)

Measure: Tool used to assess specific constructs, factors, or outcomes (e.g., self-report measures, surveys, questionnaires, self-assessments)

Exhibit 14. Types of Materials Identified in Scan

Most materials were resources and trainings

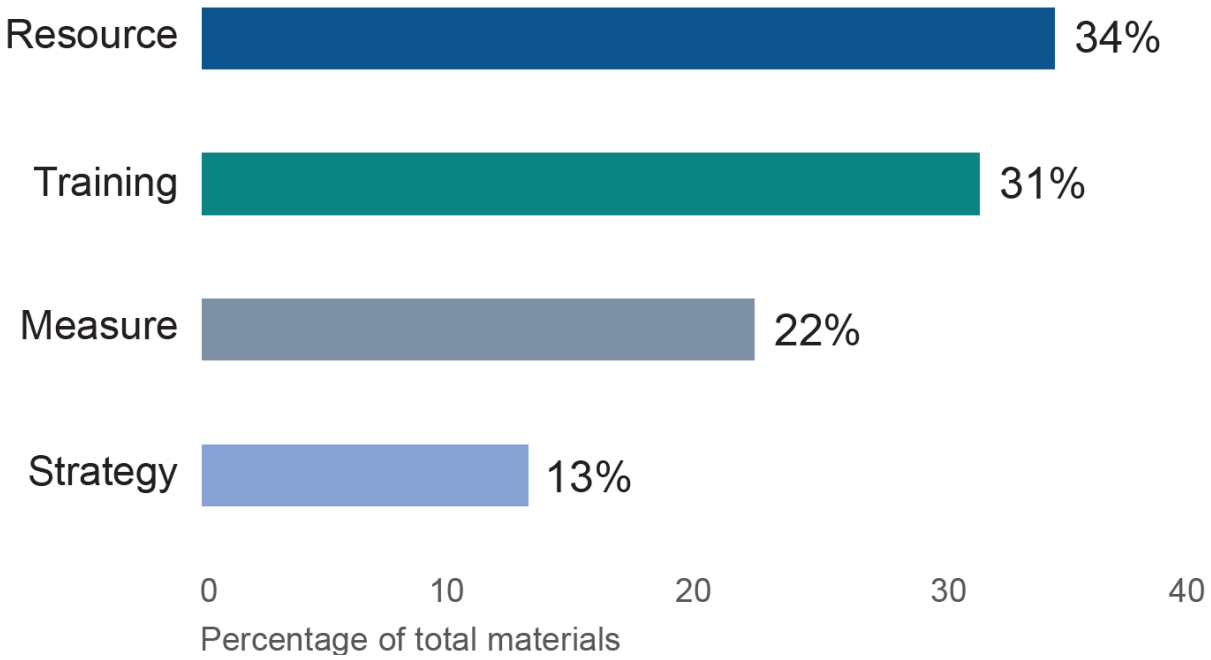
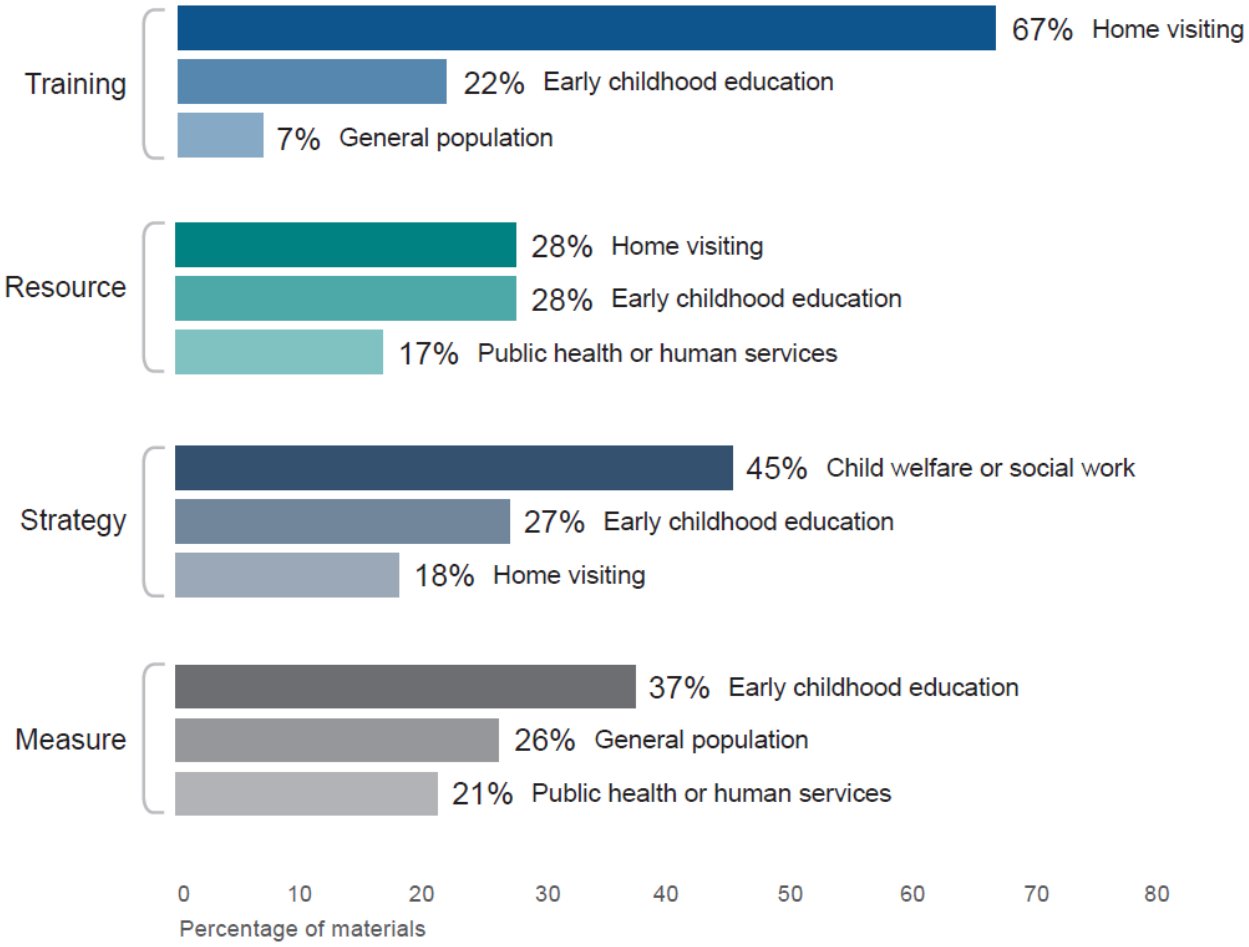


Exhibit 15 summarizes the three most common fields of study for each type of material included in the scan. Trainings and resources were mostly developed for the home visiting or ECE fields. Almost half of the identified strategies came from the child welfare or social work fields. None of the identified measures were developed for the home visiting field.

Exhibit 15. Types of Materials by Field of Study

Three most common fields of study for each type of material



Environmental Scan Findings

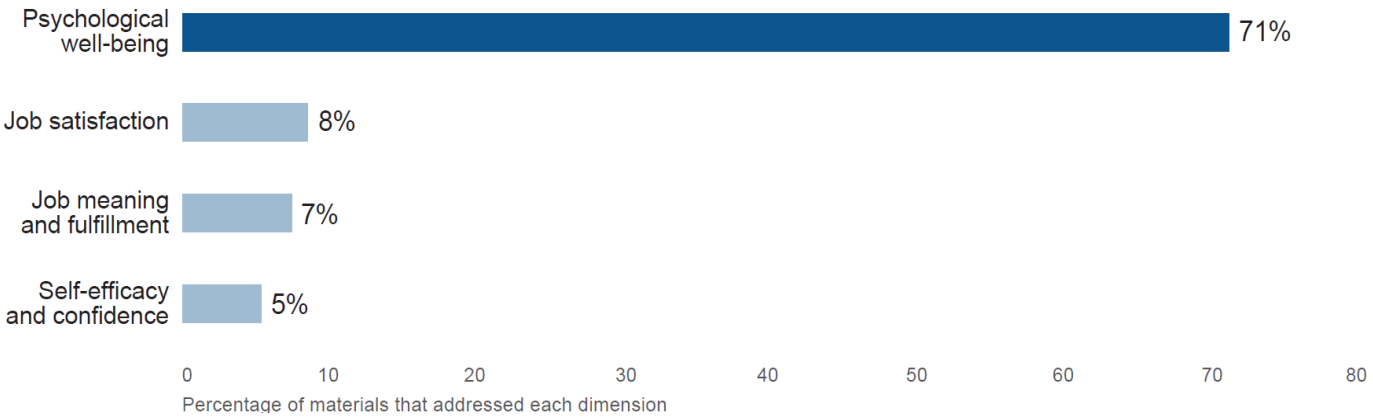
Only one material included in the scan specifically used the term *professional well-being*. Other materials used similar terms such as "wellness," "well-being," "staff wellness," and "worker well-being." We reviewed all materials to assess whether they addressed dimensions or drivers of professional well-being as presented in the conceptual model (exhibit 12). Exhibit 16 displays the dimensions of professional well-being addressed in the included materials and exhibit 17 displays the drivers of professional well-being addressed in the included materials. Psychological well-being was the most common dimension addressed, whereas job stressors and demands were the most common driver. The remainder of this section summarizes environmental scan findings by type of material.

Snapshots of select materials are also provided in callout boxes. The snapshots provide examples of materials that vary in characteristics such as modality (i.e., in person or online), comprehensiveness,

and cost; these are examples only and are not meant as endorsements. The snapshots were also selected to highlight efforts that take a system-level or structural approach to promoting processional well-being.

Exhibit 16. Dimensions of Professional Well-Being Addressed in Materials

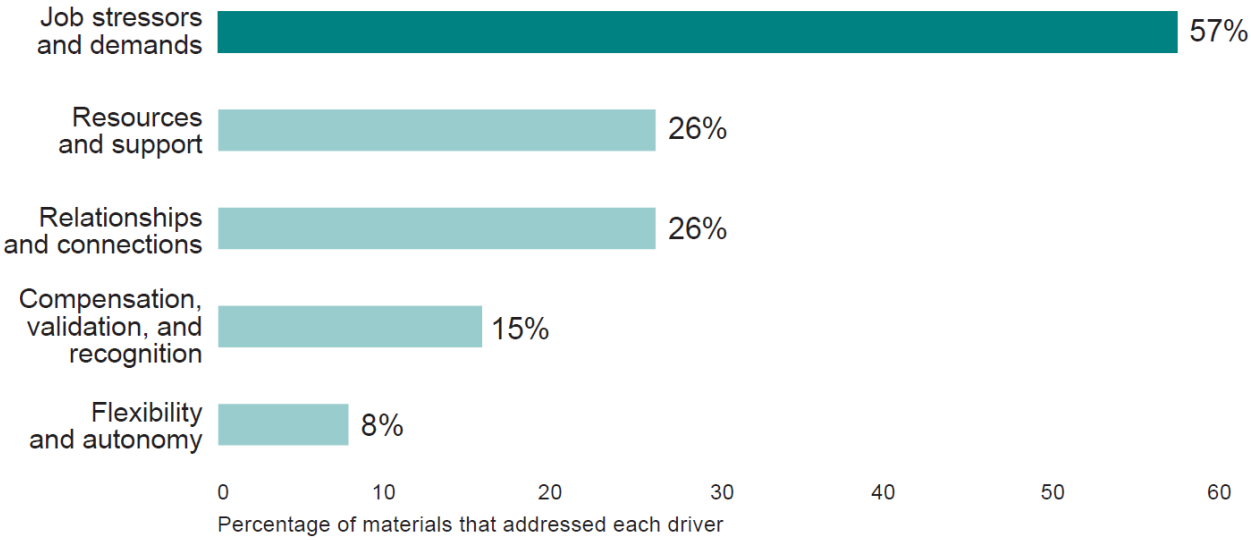
Psychological well-being was the most addressed dimension



*Materials may cover more than one component of the conceptual model.

Exhibit 17. Drivers of Professional Well-Being Addressed in Materials

Job stressors and demands were the most addressed driver



*Materials may cover more than one component of the conceptual model.

Trainings to Promote Professional Well-Being

The environmental scan included a total of 27 trainings; over half (*n* = 18, 67 percent) were designed for the home visiting field. See appendix E for a list of all trainings included in the scan.

Content in Relation to Conceptual Model

Most trainings addressed the dimension of psychological well-being (*n* = 23, 85 percent) and the driver of job stressors and demands (*n* = 20, 74 percent). Trainings commonly focused on a narrow list of topics, including—

- Identifying and recognizing sources of job stress
- Techniques to manage stress, promote mental health, and prevent burnout, such as mindfulness and self-care
- Understanding and recognizing signs of compassion fatigue, burnout, or secondary trauma

Methods, Modality, Dosage, and Target Audience

Most trainings were offered in a virtual or online setting and consisted of a single session (*n* = 22, 81 percent). The COVID-19 pandemic may have influenced the types of trainings offered. We were able to find the date a training was initially offered for 14 trainings (52 percent); of these, eight took place before March 2020, and six took place after March 2020. Trainings, if attended live, were synchronous. Archived webinar recordings can be considered asynchronous depending on how attendees choose to view the recording.

Most trainings were largely didactic in nature. Only nine (33 percent) provided opportunities for group discussion, either in-person or through discussion boards or chat boxes during webinars. Six trainings (22 percent) offered opportunities for role play or practice, 10 (37 percent) included supplemental reading or coursework, and 12 (44 percent) appeared to provide feedback from trainers or opportunities for self-reflection. Many training descriptions did not describe specific training strategies, so it is possible that additional trainings used the strategies discussed above. Many of the trainings (*n* = 20, 74 percent) were publicly available for free.

Most trainings (*n* = 18, 67 percent) were developed for the home visiting field, and the target audience was most typically home visitors. Seven trainings (26 percent) came from the ECE field and mainly targeted ECE practitioners.

Most trainings (*n* = 22, 81 percent) focused on teaching individual staff to modify their behaviors to promote their own professional well-being. Only five (19 percent) targeted other staff, such as program managers or supervisors, and discussed strategies outside of individual frontline staff practices to promote staff professional well-being (see box for example).

Only five trainings target staff other than frontline providers, such as program managers or supervisors.

Training Snapshot: Maximizing Team and Peer Networks to Improve Family Outcomes

About: Online, self-paced training for family support supervisors, including home visiting supervisors. The training takes approximately 180 minutes and includes learning and resource guides.

Goals and purpose: Build supervisors' communication strategies to promote team cohesion. Develop supervisory skills to support staff experiencing secondary trauma, compassion fatigue, and burnout. Help supervisors establish a process for continual peer-to-peer reflective consultation and foster a network of peer relationships among staff.

Notable details: Discusses structural circumstances that can lead to feelings of burnout: lack of control, unclear job expectations, poor job fit, lack of social support, and work-life imbalance. Provides guidance on actions that supervisors can take to address these structural circumstances and to build resilience among staff.

Implications: Home visiting programs can consider implementing a similar, program-level training and support for addressing secondary trauma, compassion fatigue, and burnout. A collective care strategy for promoting professional well-being may be more impactful than focusing on individual strategies related to staff practicing self-care techniques.

For more information: Institute for the Advancement of Family Support Professionals.

Resources and Strategies to Promote Professional Well-Being

The environmental scan included a total of 29 resources and 11 strategies. Resources provided brief, high-level summaries of information or topics and were mostly in the form of tip sheets, toolkits, and webpages. Strategies were in-depth, complex efforts, such as communities of practices, interventions, or policies.

Five (17 percent) of the included resources were worksheets, and seven (24 percent) were tip sheets or fact sheets. Other resources included slide presentations, a resource list, a newsletter, and a key driver diagram. These resources were short in length and provided high-level summaries, information, and tips on topics related to professional well-being. Four (14 percent) resources were toolkits or guides, and eight (28 percent) were webpages. These resources provided more

expansive and in-depth information, resources, tips, and suggestions on topics related to professional well-being.

Three (27 percent) of the included strategies were policies, and the remaining eight (73 percent) were in the form of more in-depth approaches, interventions, communities of practice, a workshop, and consultation. One intervention worked with staff to design solutions to improve workplace climate, burnout, and staff turnover (see box). Other strategies included two communities of practice on mindfulness, a workshop to promote worker wellness, and a clinical consultation program for supervisors to promote job satisfaction and organizational commitment.

Strategy Snapshot: Design and Improvement Teams Intervention[91]

About: Teams of employees, working in child welfare agencies, work collaboratively to identify causes of turnover and develop and test solutions to prevent turnover.

Goals and purpose: Engage employee teams to address high levels of turnover.

Notable details: Design and Improvement Teams (DTs) include participants from all units and levels of an agency. Teams analyze data from an agency-wide Worker Retention Survey to identify organizational factors affecting turnover. The Workforce Retention Survey examines four organizational factors: (1) rewards and recognition, (2) professional resources, (3) agency commitment and job satisfaction, and (4) role clarity and burnout. Teams are led through a solution-focused process of identifying problems and developing solutions using a logic model based on action and organizational learning theories. Child welfare agencies implementing DTs reported a 12 percent decrease in turnover from pre- to posttest, whereas the comparison agencies reported a 2 percent increase in turnover.

Implications: The success of DTs highlights the importance of including workers in the examination of structural- and system-level factors affecting professional well-being and the development of solutions. Home visiting programs can explore using the Workforce Retention Survey and can engage in processes like those used in the DTs to identify and address organizational factors affecting professional well-being and potentially leading to staff turnover.

For more information: Contact Jessica Strolin-Goltzman, Wurzweiler School of Social Work, Yeshiva University. Strolin-Goltzman J, Lawrence C, Auerbach C, et al. Design Teams: a promising organizational intervention for improving turnover rates in the child welfare workforce. Child Welfare. 2010;88(5):149-168

Content in Relation to Conceptual Model

For included resources, the most addressed dimension was psychological well-being (*n* = 25, 86 percent), and the most addressed driver was job stressors and demands (*n* = 19, 66 percent). Resources mainly focused on topics related to identifying and managing sources of stress, preventing burnout, practicing self-care, and recognizing signs and symptoms of indirect trauma.

Only six resources (21 percent) addressed the resources and supports driver through topics such as safety policies, benefits, and organizational practices to promote professional well-being. Two of these resources were from the home visiting field.

For included strategies, the most common dimension and driver addressed were psychological well-being (*n* = 5, 45 percent) and resources and supports (*n* = 5, 45 percent). Strategies to address psychological well-being included mindfulness, spiritual practice, meditation, and identifying and managing toxic stress. Strategies to address resources and supports included broader initiatives such as scholarships and education-based salary supplements, policy changes, or implementation of policies to support staff compensation and well-being. This includes strategies to compensate home visitors for attaining higher education credits and completing required data entry (see box).

Strategy Snapshot: T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood IOWA—Family Support and Performance and Education Yield Success (PAEYS)

About: T.E.A.C.H.—Family Support is a scholarship program for family support workers, including home visitors, pursuing higher education opportunities. PAEYS is an education-based salary supplement program for participants who are employed by a MIECHV-funded program in Iowa.

Goals and purpose: Provide financial assistance and ongoing support to address issues of poor compensation, undereducation, and high turnover in the family support workforce.

Notable details: T.E.A.C.H.—Family Support provides scholarships for tuition and books, stipends for travel and internet, and paid time off while in school. Recipients receive a raise or bonus upon completion of a 1-year contract. Recipients also receive individualized counseling support, including professional development planning, college systems navigation, and assistance with addressing challenges to success. PAEYS provides annual financial supplements between $400 and $1,600 based on recipient education level and submission of at least 85 percent of data collection requirements. Participants can dually enroll in both programs to assist in their pursuit of higher education. T.E.A.C.H. and PAEYS are based on national evidence-based programs. In 2021, T.E.A.C.H. early childhood recipients in Iowa reported a 93 percent retention rate and experienced a 16 percent increase in average hourly wages.

Implications: Other states can work with their state and/or local associations for the education of young children to implement T.E.A.C.H. and PAEYS in their states and provide opportunities for educational advancement and increased compensation for their home visiting workforce.

For more information: Iowa Association for the Education of Young Children's T.E.A.C.H. – Family Support, PAEYS, or the 2021 T.E.A.C.H. Early Childhood annual report.

Eight resources (28 percent) were from the home visiting field, and two strategies (18 percent) were from the home visiting field. One of the home visiting strategies included a learning collaborative targeting statewide MIECHV teams to promote job meaning and fulfillment (see box).

Strategy Snapshot: Oregon Joy in Work CQI Learning Collaborative

About: In 2020, the Oregon MIECHV team introduced the Joy in Work Continuous Quality Improvement (CQI) learning collaborative. The learning collaborative was informed by results of the Region X workforce study and guided by the Institute for Healthcare Improvement framework for Joy in Work.

Goals and purpose: Identify and test strength-based approaches for preventing staff burnout and increasing the well-being of home visiting staff.

Notable details: The learning collaborative included 22 local implementing agencies. Leadership and supervisors engaged in conversations with home visitors to understand facilitators and barriers to their well-being in local contexts. The collaborative used CQI principles and techniques, including Plan-Do-Study-Act cycles to test and evaluate change strategies for promoting staff well-being. The learning collaborative developed a key driver diagram identifying five primary drivers of well-being and process measures for each driver. The primary drivers include (1) meaning, purpose, and recognition; (2) physical and psychological safety; (3) camaraderie and teamwork; (4) wellness and resiliency; and (5) choice and autonomy. Throughout the collaborative, a monthly "pulse" survey was administered assessing the 12 process measures for the primary drivers.

Implications: This work illustrates how home visiting systems can use the Joy in Work framework, a strength-based approach, to identify change strategies to prevent burnout and promote professional well-being. The key driver diagram, including changes to test, and process measures for key drivers can be used by other home visiting programs and systems to engage in similar CQI processes.

For more information: Kerry Cassidy Norton, Oregon Health Authority.

Measures of Aspects of Professional Well-Being

The environmental scan included a total of 19 measures. Measures were mostly self-reports that assessed workplace environments and/or an individual's perception of their physical and/or mental health.

Field of Origin and Use

None of the measures were designed specifically for the home visiting field. Seven (37 percent) measures were designed for the ECE field, five (26 percent) for the general population, four

(21 percent) for human service professionals, and three (16 percent) for professionals working with people who experience trauma.

Some of the identified measures can be used by home visiting programs to assess multiple dimensions and drivers of professional well-being. For example, the Quality of Worklife Questionnaire is a comprehensive measure that is applicable to most workplaces.[92] It addresses many of the drivers and dimensions of professional well-being; however, it may not capture aspects of the work environment that are unique to the home visiting context. Additionally, the Measure of Workplace Environment is a strengths-based, quick (nine items), and publicly available measure that has been tested with home visitors. This measure can be used in the home visiting context to assess group cohesion, leadership support, and organizational justice.[93] Finally, a measure from ECE that has not been used in practice yet can be adapted for the home visiting context to inform and guide practice (see box). Additionally, some of the individual measures can be used together to monitor progress related to quality improvement efforts. For example, a program can use an existing measure of job satisfaction—along with a measure assessing a specific driver they are hoping to improve.

The Measure of Workplace Environment is a quick, strengths-based measure that can be used to assess group cohesion, leadership support, and organizational justice. The measure has been used in the home visiting context.

Measure Snapshot: Early Childhood Professional Well-Being Questionnaire (ECPW-Q)[10]

About: The ECPW-Q assesses the extent to which early childhood professional well-being is experienced. The questionnaire includes a total of 30 items scored on a Likert scale of 1 to 5. Higher scores indicate that professional well-being is experienced more frequently.

Goals and purpose: Provide a holistic assessment of underlying factors related to individual early childhood professionals' well-being that have the potential to affect the quality of services provided to children.

Notable details: Includes nine "senses of well-being," including sense of comfort, communication, self-respect, affinity, agency, efficacy, engagement, contribution, and security. Pilot testing found moderate and significant negative correlations between scores on the ECPW-Q with job dissatisfaction and risk of turnover. Specifically, higher scores for supportive structures, collegial relationships, and professional beliefs and values were associated with less job dissatisfaction. Additionally, scores for supportive structures were associated with lower levels of intent to leave.

Implications: Questionnaire items related to experiences that are under the control of individuals and entities outside of the individual worker (such as policymakers, administrators, or directors) were more predictive of job dissatisfaction. This highlights the importance of examining structural- and system-level factors to support professional well-being. Results also indicate that feeling a sense of autonomy and participation in decisionmaking predict lower levels of job dissatisfaction. This points to the importance of flexibility and autonomy for promoting professional well-being.

For more information: Mary McMullen, Indiana University School of Education, and Kate McCormick, State University of New York College at Cortland. McMullen MB, Lee MSC, McCormick KI, Choi J. Early childhood professional well-being as a predictor of the risk of turnover in childcare: A matter of quality. *J Res Child Educ.* 2020;34(3).

Measurement Approaches and Psychometric Information

All of the measures examined aspects of an individual's work environment or perceptions of personal health and well-being using self-reports. The mental health measures were intended for research or to screen for depressive symptoms or anxiety but do not clinically diagnose depression or anxiety disorders.

We could determine the length of administration time for seven measures (37 percent), which range from under 5 to 40 minutes, with most taking 10 minutes or less. We found evidence of internal consistency for 12 (63 percent) of the measures, which demonstrate high internal consistency for both subscales and total scores. We found evidence of validity for nine (47 percent) of the measures, although the type of validity (e.g., construct, convergent, discriminant) differed across measures.

Domains Assessed in Relation to Conceptual Model

Included measures largely focused on the dimension of psychological well-being and do so by measuring outcomes associated with a lack of well-being—such as depressive symptoms. Fewer measures assessed the dimensions of job meaning and fulfillment and self-efficacy and confidence. Additionally, measures largely focused on the driver of job stressors and demands, and only a few measures assessed the key driver of flexibility and autonomy (see exhibit 18). Seven (37 percent) of the included measures assessed both drivers and dimensions of professional well-being. A summary of findings, by dimensions and drivers, along with example items from reviewed measures is provided below.

Measures addressing the dimension of psychological well-being largely assess outcomes associated with a lack of well-being, such as depressive symptoms.

Exhibit 18. Components of Professional Well-Being Addressed by Included Measures

Measure	Approach	Key components of professional well-being								
		Dimensions				Drivers				
		Job satisfaction	Psychological well-being	Self-efficacy and confidence	Job meaning and fulfillment	Resources and supports	Flexibility and autonomy	Relationships and connections	Compensation, validation, and recognition	Job stressors and demands
Quality of Worklife Questionnaire (QWL)[92]	Self-report	•	•			•		•	•	•
Job Satisfaction Survey (JSS)[94]	Self-report	•				•		•	•	•
Early Childhood Professional Well-Being Questionnaire (ECPW-Q)[10]	Self-report			•	•		•	•		
Organizational Social Context Measure[95]	Self-report				•	•		•	•	•
Early Childhood Work Environment Survey[96]	Self-report					•	•	•	•	
Early Childhood Job Satisfaction Survey (ECJSS)[97]	Self-report					•		•	•	•
Early Childhood Job Attitude Survey (ECJAS)[29]	Self-report	•						•		•
Child Care Worker Job Stress Inventory[98]	Self-report					•	•		•	•

Measure	Approach	Key components of professional well-being								
		Dimensions				Drivers				
		Job satisfaction	Psychological well-being	Self-efficacy and confidence	Job meaning and fulfillment	Resources and supports	Flexibility and autonomy	Relationships and connections	Compensation, validation, and recognition	Job stressors and demands
Pennsylvania Head Start Staff Wellness Survey[37]	Self-report		•							•
Professional Quality of Life Scale (ProQOL)[99]	Self-report		•							•
Measure of Workplace Environment (MWE)[93]	Self-report							•	•	
Patient-Reported Outcomes Measurement Information System (PROMIS) Global Health Scale[100]	Self-report		•							
Maslach Burnout Inventory (MBI)[20]	Self-report		•	•						
Secondary Traumatic Stress Scale (STSS)[101]	Self-report		•							
Center for Epidemiologic Studies Depression[102]	Self-report		•							
Self-Care Assessment Worksheet[103]	Self-report		•							

Measure	Approach	Key components of professional well-being								
		Dimensions				Drivers				
		Job satisfaction	Psychological well-being	Self-efficacy and confidence	Job meaning and fulfillment	Resources and supports	Flexibility and autonomy	Relationships and connections	Compensation, validation, and recognition	Job stressors and demands
Physical Health Questionnaire[104]	Self-report									
Balancing Life Roles[105]	Self-report									
Work-Related Musculoskeletal Disorders Scale[106]	Self-report									
Total		**3**	**8**	**2**	**2**	**6**	**3**	**8**	**7**	**8**

The most common dimension assessed in the included measures was psychological well-being (*n* = 8, 42 percent), measured by indicators of mental health (e.g., depression, anxiety) and outcomes associated with a lack of psychological well-being (e.g., burnout, STS). Exhibit 19 provides example items measuring psychological well-being.

Exhibit 19. Example Items Measuring Psychological Well-Being

Construct	Example items
Mental health	• I felt that I could not shake off the blues even with help from my family or friends. (Center for Epidemiologic Studies Depression Scale) • In general, how would you rate your mental health, including your mood and your ability to think? (PROMIS)
Burnout	• I feel emotionally exhausted because of my work. (MBI) • I feel burned out because of my work. (MBI)
Secondary Traumatic Stress	• My heart started pounding when I thought about my work with clients. (STSS) • It seemed as if I was reliving the trauma(s) experienced by my client(s). (STSS)
Quality of life	• In general, would you say your quality of life is (excellent, very good, good, fair, poor)? (PROMIS)

The most common drivers addressed in the included measures were relationships and connections (*n* = 8, 42 percent); job stressors and demands (*n* = 8, 42 percent); and compensation, validation, and recognition (*n* = 7, 37 percent). The relationships and connections examined by the measures included the quality and nature of relationships with colleagues and supervisors. Resources and supports examined by the measures included nonfinancial resources (such as time, professional development, or necessary equipment). Types of job stressors and demands assessed by the measures included workload, physical job requirements, personal safety concerns, job insecurity, discrimination, role ambiguity, or exposure to STS. The measures examined compensation, validation, and recognition through advancement opportunities, pay, benefits, and recognition for a job well done. Exhibit 20 provides example items measuring drivers of professional well-being.

Exhibit 20. Example Items Measuring Drivers of Professional Well-Being

Driver	Example items
Relationships and connections	• The people I work with can be relied on when I need help. (QWL) • I count my colleagues among my friends. (ECPW-Q) • Leaders treat staff with respect. (MWE)
Job stressors and demands	• I feel overwhelmed because my case [work] load seems endless. (ProQOL) • Work assignments are not fully explained. (JSS) • Do you feel in any way discriminated against on your job because of your age? (QWL)
Compensation, validation, and recognition	• My pay is fair considering my background and skills. (Early Childhood Job Satisfaction Survey) • How satisfied are you with the chances for advancement? (Organizational Social Context Measure) • When I do a good job, I receive the recognition for it that I should receive. (JSS)

Environmental Scan: Implications for Practice

Although we identified gaps in existing materials, we found a wide variety of easily accessible and free trainings, resources, and strategies to support home visitor professional well-being. Many of the included trainings were developed specifically for the home visiting field, were publicly available for free, and could be accessed virtually. For example, online, free training, provided through the Institute for the Advancement of Family Support Professionals, is a valuable resource that any home visiting program can use. Management staff should ensure that home visitors have time in their schedules to attend these trainings and should process training material in supervision as needed.

Programs may consider a multiprong approach that offers home visitors self-care strategies they may use as needed, while also developing policies and practices that promote the well-being of staff at the organizational level. Materials mainly focused on modifying individual home visitor behaviors, through self-care techniques or mindfulness, to address job stressors and demands, prevent burnout, and promote professional well-being. Very few materials focused on structural, organizational, or systemic approaches for promoting professional well-being.

Strategy in Action: Implement a multiprong approach for promoting home visitor professional well-being. For example, use existing trainings and resources to develop staff awareness and use of self-care strategies while also considering organizational efforts—such as supervisor support or paid mental health days—to maintain professional well-being.

Home visiting programs should consider expanding promising systems-level strategies, such as empowering workers to develop and test solutions to prevent burnout and policies to bolster staff compensation. Home visiting programs could consider implementing program-level training and support for addressing secondary trauma, compassion fatigue, and burnout. Additionally, home visiting programs may consider using the Workforce Retention Survey employed in the Design and Improvement Teams intervention to identify and address organizational factors affecting professional well-being and potentially causing turnover. Finally, following the lead of Iowa, programs could collaborate with their states or local associations to advocate for the implementation of scholarship programs for home visitors pursuing higher education opportunities, as well as increased compensation or education-based salary supplements for the home visiting workforce.

Programs may consider using existing measures, such as the Early Childhood Professional Well-Being Questionnaire, to assess home visitor professional well-being. This would allow home visiting programs to identify internal and external factors, such as structural and systemic factors, that predict home visitor job satisfaction and job meaning and engagement.

Environmental Scan: Implications for Research

Develop trainings, resources, and strategies that take a systems perspective and focus on organizational- or policy-level efforts to promote professional well-being. Materials included in the environmental scan placed the responsibility of promoting professional well-being on individual frontline workers. This is a clear limitation of the existing materials, as research suggests organizational-level efforts are more predictive of workforce well-being, compared to individual-level efforts.[107]

There is a need for less didactic trainings that provide opportunities to process emotions and feelings related to job stressors and demands and space to discuss the resources and supports needed to maintain professional well-being. Many of the included trainings relied on direct teaching methods with limited opportunities for active learning and used a single training session with little or minimal follow-up. Additionally, only four of the identified trainings appeared to have been evaluated for implementation or participant outcomes. However, none of these four trainings were developed for the home visiting workforce.

Consider developing measures of drivers and dimensions of professional well-being that are (1) useful for both practice and research, (2) specific to the home visiting context, and (3) intentionally consider applicability across diverse workforce populations and contexts. None of the included measures were designed specifically for the home visiting field. The Measure of Workplace Environment is the only measure that was specifically developed for home visiting. Additionally, the included measures were mainly used for research and evaluation purposes rather than for program implementation or self-assessments. Although most measures were publicly available and quick to administer, they did not capture the breadth or depth of the conceptual model's key components. None of the included measures captured multiple dimensions of professional well-being. Finally, it is not clear from our review if existing measures for constructs related to values or salient aspects of autonomy, supervisor support, or workplace environment were developed, tested, or vetted across cultures and contexts.

None of the identified measures assess all of the hypothesized dimensions of professional well-being included in the conceptual model.

Summary, Gaps, and Recommendations for Future Work

The purpose of this project is to advance understanding of how to support and strengthen the home visiting workforce through professional well-being. The goals of the project were to—

1. Explore how professional well-being is defined in existing literature from home visiting and adjacent fields
2. Identify factors that influence professional well-being
3. Understand how professional well-being affects workforce performance and outcomes
4. Identify trainings, resources, and strategies used within home visiting and related fields to promote professional well-being
5. Identify measures of professional well-being used by researchers and practitioners

To address these goals, we reviewed existing literature, developed a conceptual model, and conducted a targeted environmental scan. This section highlights key findings, gaps, and recommendations for future work, first summarized overall and then organized by key components of the conceptual model.

General Findings, Gaps, and Recommendations

There is limited research on professional well-being within the home visiting context. Existing research from adjacent fields largely focuses on outcomes associated with a lack of professional well-being by examining constructs such as burnout, work withdrawal, intent to leave, and turnover. Additionally, existing literature is mostly correlational in nature. However, research findings suggest several factors that promote well-being and workplace performance, including positive organizational climates, organizational and supervisor support, and adequate salaries and benefits.

The home visiting field needs a consensus definition of professional well-being beyond burnout and more empirical research examining professional well-being in the home visiting context. Findings in this report highlight opportunities to build evidence specific to the home visiting field. The newly developed conceptual model of home visitor professional well-being can help address these gaps. The model draws from existing conceptual models, broader fields of organizational psychology and occupational health and well-being, and relevant theories. It provides a common frame of reference that is useful for researchers and practitioners.

For practitioners, the conceptual model …

- Provides a starting point for developing shared language and a common frame of reference that can inform needs assessments, quality improvement efforts, and strategic planning
- Helps programs focus on well-being specific to the workplace that influences workplace performance, as opposed to focusing on general well-being
- Helps practitioners, programs, administrators, funders, models, technical assistance providers, and oversight agencies think more holistically about professional well-being and develop plans for addressing aspects of key drivers, dimensions, and individual home visitor factors they have not focused on in the past
- Provides a framework for programs to consider their strengths and weaknesses and develop strategic plans to support the professional well-being of their workforce. The ecological perspective of the model helps frame these considerations from a systems perspective, encouraging entities at all levels of a home visiting system to consider how their work influences the well-being of the home visiting workforce.

For researchers, the conceptual model …

- Informs development of measures, tailored to the home visiting context, of the hypothesized dimensions of professional well-being. Such a measure would support the work discussed below.
- Provides a framework for developing research questions and study designs to examine professional well-being. Researchers can use the model to identify gaps in existing knowledge and plans to fill those gaps. For example, the model can inform research and examine whether some key drivers, compared to other drivers, are more predictive of dimensions of professional well-being.
- Informs research providing greater clarity surrounding how key drivers influence specific dimensions of professional well-being and specific outcomes. This can advance understandings of hypothesized pathways between key drivers, dimensions, and outcomes. For example, it is possible that key drivers exercise a direct influence on specific outcomes and are not mediated or moderated by dimensions of professional well-being.
- Guide researchers to consider professional well-being within a precision paradigm to ask questions related to "which workforce support strategies and resources work best for whom and under what conditions."[90]

For policy makers, the conceptual model…

- Provides a tool for describing how professional well-being impacts program, family, and child outcomes. Such a tool can be used to help advocate for funding and resources to support the professional well-being of the home visiting workforce.
- Highlights how policies developed within broader contexts either promote or hinder home visitor professional well-being and thus impact family and child outcomes. This can help policy makers carefully examine how policies influence key drivers of home visitor professional well-being. This work could be carried out in collaboration with local program staff to understand how policies impact the program's ability to promote the professional well-being of staff.
- Helps promote identification of policies, such as requiring designated paid breaks, that can enhance the driver of resources and supports and promote job satisfaction and psychological well-being.

Dimensions of Professional Well-Being

The literature identified several constructs that relate to dimensions of professional well-being included in the conceptual model:

- **Job Meaning and Fulfillment:** Studies found that feelings of job meaning and fulfillment promote positive workplace performance and workforce outcomes. Professional commitment, for example, predicts lower levels of intent to leave.
- **Psychological Well-Being:** Includes general emotional and mental health functioning, positive affect, as well as capacities and skills related to managing emotions and coping with sources of stress.
- **Self-Efficacy and Confidence:** Self-efficacy and confidence help employees navigate job stressors and demands and effectively carry out job roles and responsibilities.
- **Job Satisfaction:** Includes employee satisfaction with roles, job responsibilities, workload, salary, advancement opportunities, and communication. Job satisfaction predicts lower rates of staff turnover.

Some studies and conceptualizations view professional well-being as the outcome of interest, resulting from positive workplace climates and necessary workforce supports and structures, and do not include outcomes associated with professional well-being, such as program-, family-, or child-level outcomes.

Gaps and Recommendations for Future Work

There is limited discussion of which dimensions of professional well-being are most salient within the home visiting context. There is also a lack of research focused specifically on a construct of "professional well-being" as outlined in the conceptual model. Existing literature also largely focuses on the absence of professional well-being by documenting the prevalence and predictors of common

workforce concerns, such as burnout or turnover. Finally, there is limited discussion or examination of how dimensions of well-being overlap with one another or if there is an underlying construct of "professional well-being."

- **Recommendation.** Examine whether the hypothesized dimensions of professional well-being are distinct from one another or have areas of overlap and if the dimensions indeed represent an overarching construct of "professional well-being."

Most trainings, resources, and strategies do not address positive dimensions of professional well-being or include content related to supporting job meaning and fulfillment, self-efficacy and confidence, or job satisfaction.

- **Recommendation.** Develop and test the efficacy of trainings, resources, and strategies to promote positive dimensions of professional well-being.

Our review did not identify many measures, tailored to home visiting, of certain dimensions of professional well-being, such as job meaning and fulfillment or self-efficacy and confidence. Additionally, many existing measures assess only one dimension and do not measure all of the hypothesized dimensions of professional well-being included in the conceptual model. Finally, measures addressing psychological well-being are more commonly assessing the absence of well-being by measuring depressive symptoms or burnout.

- **Recommendation.** Develop measures tailored to home visiting that assess multiple positive dimensions of well-being. These measures can then be used as more proximal outcomes for strategies to support workforce well-being instead of relying on longer term, distal outcomes of work withdrawal and turnover. Measures of more proximal outcomes can also provide programs with an avenue for thinking "upstream" to monitor professional well-being and to proactively address declines in professional well-being before they result in work withdrawal or turnover.

Key Drivers of Professional Well-Being

Literature review findings and engagement with home visiting practitioners and individuals who support practitioners and consultants highlighted several factors that predict professional well-being and workforce outcomes. These factors, organized by the key drivers in the conceptual model, include—

- **Resources and Supports:** Ongoing structural supports, such as training and professional development, relate to job satisfaction. Lack of organizational support is a consistent predictor of intent to leave. This driver also includes role clarity, alignment of skills and expertise with job requirements, and stimulating work, which promote self-efficacy and confidence and thus, professional well-being.
- **Flexibility and Autonomy:** Actual or perceived sense of adaptability and control in carrying out their work. This includes staff being able to adjust and change the timing, location, and number of hours worked when needed. For example, feeling a lack of autonomy, such as being micromanaged by a supervisor, relates to lower levels of job satisfaction.
- **Relationships and Connections:** Positive organizational climates and supervisor and coworker support are associated with lower levels of burnout, intent to leave, and turnover.

- **Compensation, Validation, and Recognition:** Inadequate pay and benefits predict higher levels of burnout. Many practitioners report dissatisfaction with their pay and benefits.
- **Job Stressors and Demands:** Job stressors and demands can lead to burnout, work withdrawal, and turnover. However, demands (such as learning a new skill) can be positive for staff when balanced with necessary resources. Job stressors and demands include indirect trauma, strain, stress, and work overload.

Overall, we found that most materials within the home visiting field focus on the driver of job stressors and demands and typically address this driver by "teaching" home visitors how to manage these issues. For example, materials focus on home visitors' understanding, recognizing, and practicing self-care techniques to manage common job stressors and demands. This places the responsibility of managing professional well-being on the home visitor instead of recognizing professional well-being within a systems perspective that is the dual responsibility of home visitors and programs or organizations.

Gaps and Recommendations for Future Work

Our scan found multiple measures that could be used to assess drivers of professional well-being (see exhibit 18); however, none of the identified measures include attention to the drivers across all levels of the home visiting system. For example, many measures do not address contributing factors within contexts outside of the local implementing agency or home visiting program. This includes limited attention to influential factors occurring at the level of service delivery.

- **Recommendation.** Identify factors and potential indicators across all levels of the home visiting system (see exhibit 13 for an example) that contribute to the key drivers of professional well-being. Examining drivers across levels of the home visiting system provides a comprehensive picture of what needs to be in place to maintain home visitor professional well-being. It also raises awareness and recognition of key drivers as operating across all levels of the home visiting system. For example, this can help—
  - Ensure that grant requirements and policies are in place that enable programs to flexibly implement strategies to support the well-being of their workforce
  - Identify policies at the federal and local implementing agency levels that prevent a state entity from increasing home visitor salaries, which can affect the driver of compensation, validation, and recognition and enhance job satisfaction
  - Examine if policies related to use of funds at the federal and state levels make it challenging for local programs to allocate funds to the drivers of resources and support or relationships and connections to offer staff retreats or paid mental health days to promote home visitor professional well-being
  - Identify areas of strength and areas in need of improvement across home visiting systems to promote home visitor professional well-being. A list of potential of indicators could be used to assess existing capacity for promoting workforce well-being and to inform strategic plans to improve workforce well-being.
  - Provide greater articulation and identification of contextual factors that mitigate against the negative impact of job stressors and demands—which may be an inevitable aspect of home

visiting service delivery—to support a workforce that engages with families who often have complex challenges and/or experience(d) trauma.

Most trainings focus on job stressors and demands alone and strategies that individual home visitors can use to manage workplace stressors. The nature of available trainings, mainly consisting of single sessions that are largely didactic in nature, is unlikely to translate to meaningful changes in home visitor professional well-being.

- **Recommendation.** Develop trainings, resources, and strategies targeting efforts and audiences across home visiting contexts. This will promote a shared understanding of the collective responsibility of promoting home visitor professional well-being. This might include—
  - Policies that support fair and equitable salaries and benefits (including critical examinations of salary structures across home visiting systems)
  - Sign-on bonuses or financial incentives
  - Strategies for supporting worker autonomy
  - Policies and protocols that support home visitor safety (including safety from COVID-19 and community violence)
  - Organizational structures and practices that provide opportunities for relationships and connections (such as staff retreats)
  - Ongoing efforts to validate and recognize home visitors' contributions to families, children, and communities
- **Recommendation.** Consider expanding the availability of existing program strategies, such as reflective supervision or trauma-informed approaches, as a means for promoting professional well-being. There may also be consideration of how to infuse these strategies at a programmatic, organizational, or systems level rather than implementing them within a dyad of supervisor-supervisee or targeting individual home visitors as the implementer of a given approach or strategy.
- **Recommendation.** Employ an equity lens to ensure that supportive structures result in equitable access and outcomes for the home visiting workforce across gender, race, and ethnicity. For example, it is important to consider whether communication and management styles within the workplace favor dominant culture, affecting staff ability to effectively participate and contribute.

Individual Home Visitor Factors

Although the literature did not commonly focus on modifiable home visitor factors that relate to professional well-being, available research suggests that home visitors with more psychological resources (such as feelings of happiness, relationships and connections with others, and overall psychological well-being) also tend to have higher quality working relationships with families. There may be certain factors, such as resilience or mastery orientation, that contribute to staff ability to manage common job stressors and demands and benefit from key drivers, thus supporting professional well-being, workplace performance, and program outcomes.

Gaps and Recommendations for Future Work

There is a general lack of research examining how individual home visitor factors influence home visitors' perceptions of drivers or influence the impact of drivers on professional well-being.

- **Recommendation.** Future research should examine what characteristics of workers contribute to professional well-being, workplace performance, and a stable home visiting workforce. Identified characteristics could inform strategies for recruiting and hiring home visitors as well as approaches for preservice training and professional development opportunities.

Outcomes

Commonly addressed outcomes in the literature include job withdrawal, intent to leave, turnover, and provider and family engagement in direct service delivery. However, existing research is largely correlational and does not provide information on how key drivers and dimensions of professional well-being relate to specific outcomes. Finally, research generally does not examine if associations with outcomes vary across subgroups of the workforce under consideration.

Gaps and Recommendations for Future Work

Research does not typically address more proximal outcomes, such as worker overall well-being or the dimensions of professional well-being included in the newly developed conceptual model. Additionally, there is a lack of research examining desired outcomes, such as work engagement or quality working relationships with families. There is also limited attention to associations between outcomes or different "levels" of outcomes, such as home visitor-, program-, or family- and child-level outcomes.

- **Recommendation.** Future research examining the efficacy of strategies to support the workforce should examine more proximal desired outcomes instead of focusing only on longer term and undesirable outcomes. This might include examining aspects of workplace performance, workplace culture and climate, or relationship quality with families. Future work should also examine how these outcomes relate to outcomes at other levels, such as family and child outcomes.
- **Recommendation.** Future work should propose and test hypothesized pathways between drivers, dimensions, and outcomes. This will strengthen the evidence base linking professional well-being and key drivers with intended outcomes. It will also advance understandings of which key drivers are essential in promoting professional well-being and outcomes. More precise understandings of associations between drivers, dimensions, and outcomes can also aid in the development of interventions, strategies, and resources to promote professional well-being with clearly articulated key elements and theories of change. Last, it will help refine and validate the conceptual model of home visitor professional well-being.
- **Recommendation.** Disaggregate data from studies examining the efficacy of workforce support strategies. Instead of controlling for sociodemographic variables, the field needs to consider whether workforce support strategies are efficacious across the diversity of the home visiting workforce to ensure equity.

Conclusion

The SAS-HV project addressed gaps in knowledge by completing a targeted literature review, developing a conceptual model, and completing an environmental scan of existing materials. The newly developed conceptual model outlining hypothesized dimensions and drivers of professional well-being can help advance understandings of how best to support home visitor professional well-being. For example, home visitor professional well-being may benefit from supervisor support, adequate pay and benefits, role clarity, and flexibility and autonomy in carrying out job roles and expectations. Ongoing support for home visitor professional well-being at all levels of the home visiting system not only strengthens the home visiting workforce but also supports high-quality service delivery and intended family and child outcomes.

Appendix A. Summary of Engagement Activities With Practitioners, Individuals Who Support Practitioners, and Consultants

Engagement of Practitioners and Individuals Who Support Practitioners

We started by developing a list of groups and entities that may benefit from or use the project findings, which we refined based on initial feedback from our Federal Project Officers. We then developed a table outlining six key considerations for selecting participants in this phase. Exhibit A1 describes these considerations.

Exhibit A1. Considerations for Selecting Participants

Considerations	Description
Expertise	Whose relevant expertise and diverse perspectives are needed to enhance credibility, feasibility, acceptability, and utility of project methods, findings, and deliverables?
Level of influence and power	Whose “buy-in” is needed? And do they “play well in the sandbox” and consider others’ perspectives, or do they have a dominant voice? Do any stakeholders have competing interests?
Level of interest	Who has the most to gain or lose?
Stake	Why would this stakeholder be interested in the project and findings?
Anticipated level of participation	What levels and types of participation do we expect and communicate of each stakeholder? Are stakeholders available, and do they have the capacity to contribute in meaningful ways?
Most critical phase(s) of engagement	When is stakeholders’ input most relevant and/or needed?

We engaged four core beneficiary groups throughout the project:

1. MIECHV-eligible home visiting model developers
2. MIECHV awardees and Tribal MIECHV grantees
3. Local home visiting programs and practitioners
4. Home visiting technical assistance and professional development providers

Exhibit A2 lists the strategies used to identify and recruit members from each group. The members of these groups are listed in exhibit A3.

Exhibit A2. Engagement Strategies for Each Group

Group	Engagement strategy
MIECHV-eligible home visiting model developers	• Emailed the Model Alliance seeking at least two model developer volunteers
MIECHV awardees and Tribal MIECHV grantees	• Emailed the lead for the Association of State and Tribal Home Visiting seeking at least one volunteer • Emailed federal tribal home visiting staff to request assistance identifying at least one tribal grantee volunteer
Local home visiting programs and practitioners	• Posted an announcement for at least four volunteers in a Home Visiting Applied Research Collaborative newsletter. Asked that interested individuals complete a brief application describing their program (size, model, location) and interest in the project
Home visiting technical assistance and professional development providers	• Emailed Start Early (formerly Ounce), Institute for the Advancement of Family Support Professionals, MIECHV Technical Assistance Resource Center, and Programmatic Assistance for Tribal Home Visiting seeking at least one volunteer from each group

Exhibit A3. Participants Engaged

Group	Name	Professional role
MIECHV-eligible home visiting model developers	Pamela Williams	**Program Director,** Parent Child+ Washington
	Rebecca Parilla	**National Clinical & Training Director,** Child First
	Felicia Fognani	**Regulatory Program Manager**, The National Service Office for Nurse-Family Partnership & Child First
	Sharon Sprinkle	**Director of Nurse Consultant Regional Director,** Nurse-Family Partnership
MIECHV awardees and Tribal MIECHV grantees	Terri Enters	**Home Visiting Coordinator,** Wisconsin Department of Children and Families
	Dallas Rabig	**State Coordinator**, **Infant and Early Childhood Mental Health,** Alabama Department of Early Childhood Education
Local home visiting programs and practitioners	Sanda Hankins	**Project Manager**, Together for Children Program Port Gamble S'Klallam Tribe
	Jaclyn Gray	**Project Director**, Tribal Family Partners Program, Riverside-San Bernardino County Indian Health, Inc.
	Gloria Aftanski	**President, CEO,** United Way of Central Jersey

Group	Name	Professional role
	Heather Smith	**Parent Educator/Home Visitor,** Community Chest
	Jamie Selby	**Supervisor,** Early Head Start University of Nevada, Reno
	Kimberly Turner	**Supervisor,** Healthy Families Dorchester
Home visiting technical assistance and professional development providers	Ariel Chaidez	**Senior Program Manager,** Start Early
	Janet Horras	**State Home Visitation Director,** Iowa Department of Public Health
	Allison Parish	**MIECHV TA Resource Center Director,** Education Development Center
	Sophia Taula Lieras	**Project Director,** Programmatic Assistance for Tribal Home Visiting, ZERO TO THREE

We conducted a series of four virtual input sessions, with the following goals:

1. Gather input on definitions of professional well-being, factors that influence professional well-being, and important areas of inquiry for focal areas. (Meeting occurred on March 18, 2021)
2. Discuss and solicit feedback on draft reflective supervision conceptual model. (Meeting occurred on May 21, 2021)
3. Discuss and solicit feedback on draft professional well-being conceptual model. (Meeting occurred on July 22, 2021)
4. Discuss and solicit feedback on key project findings for reflective supervision and professional well-being. (Meeting occurred on November 10, 2021)

Consultant Engagement

We collaborated with the project officers and liaisons to identify a group of 19 consultants and assigned them into one of four groups based on their areas of expertise and perspectives. We contacted the identified consultants via email to (1) introduce the project, (2) outline expectations for consultant involvement, and (3) assess their availability and interest in serving as an expert consultant. Interested individuals signed an honorarium agreement, which detailed the period of performance, expected activities, and honorarium amounts for participation in activities. The members of the four consultant groups are listed in exhibit A4, along with their areas of expertise. Exhibit A5 lists the professional roles of each consultant.

Exhibit A4. Consultant Groups and Areas of Expertise

Consultant group	Area of expertise and perspective	Goals of group composition
One	Home visiting research and practice context, spanning home visitor professional well-being and reflective supervision	1. Broad expertise and knowledge of field of home visiting 2. Knowledge of elements of home visiting quality (which encompass factors that affect professional well-being at organizational and systems levels) 3. Experience with workforce development 4. Awareness of coaching and supervision issues in the context of home visiting 5. Experience working directly with home visitors and awareness of the issues they face as it relates to job quality and opportunities for advancement
Two	Early childhood education (ECE) or child welfare workforce development	1. Experience developing and conceptualizing ECE workforce well-being 2. Experience designing and implementing workforce studies in ECE or child welfare
Three	Home visitor well-being and reflective supervision technical assistance (TA) and/or practice; reflective supervision, coaching, or infant early childhood mental health.	1. Experience providing TA or professional development 2. Experience working with home visitors in tribal home visiting 3. Mix of providing TA to local programs and state administrators 4. Knowledge of core aspects of reflective supervision 5. Knowledge of tenets of infant early childhood infant mental health consultation 6. Experiencing training or providing TA on reflective supervision or coaching
Four	Experts in issues of worker well-being	1. Knowledge of factors influencing worker well-being 2. Experience conceptualizing key aspects of worker well-being 3. Expertise in issues of organizational psychology and occupational health 4. Expertise in implementation science and drivers that may affect professional well-being

Exhibit A5. Consultants and Their Affiliations

Consultant group	Name and affiliation
One	Angela Tomlin, **Professor of Clinical Pediatrics,** Indiana University School of Medicine
	Jon Korfmacher, **Senior Research Fellow,** Chapin Hall
	Lori Roggman, **Professor Emerita,** Department of Family, Consumer & Human Development, Utah State University
Two	Anita Barbee, **Professor,** Kent School of Social Work, University of Louisville
	Kathleen Gallagher, **Director of Research and Evaluation,** Buffett Early Childhood Institute, University of Nebraska at Kearny
	Kyong-Ah Kwon, **Associate Professor,** Instructional Leadership and Academic Curriculum, Jeannine Rainbolt College of Education, University of Oklahoma-Tulsa
Three	Calvin Moore, Jr., **Interim CEO,** Council for Professional Recognition
	Dawn Nixon, **Psychologist, Consultant,** Programmatic Assistance for Tribal Home Visiting
	Neal Horen, **Director of the Early Childhood Division at the Center for Child and Human Development,** Georgetown University, Center for Excellence for Infant and Early Childhood Mental Health Consultation
	David Schultz, **Associate Professor,** University of Maryland, Baltimore County
	Sherryl Scott Heller, **Clinical Associate Professor of Psychiatry,** Tulane University School of Medicine
Four	Julia Henley, **Professor,** Crown Family School of Social Work, Policy, and Practice University of Chicago
	Melissa Van Dyke, **Director,** National Implementation Research Network at the Frank Porter Graham Child Development Institute University of North Carolina
	Kimberly Jinnett, **Principal,** Health Policy and Systems Research, Genentech

We conducted nine virtual consultant meetings with the following goals:

1. Gather input on definitions of professional well-being, factors that influence professional well-being, and the relationship of professional well-being to outcomes and solicit guidance on the conceptual model. (Meeting occurred on March 4, 2021)
2. Discuss the goals and intended outcomes of reflective supervision, key elements of reflective supervision, and roles of reflective supervisors. (Meeting occurred on April 13, 2021)
3. Discuss existing professional well-being conceptual models and recommendations and gather input on the draft professional well-being conceptual model. (Meeting occurred on April 19, 2021)

4. Discuss and solicit feedback on the draft professional well-being conceptual model. (Meeting occurred on May 11, 2021)
5. Discuss and solicit feedback on the draft reflective supervision conceptual model. (Meeting occurred on June 11, 2021)
6. Discuss and solicit feedback on the draft reflective supervision conceptual model. (Meeting occurred on August 23, 2021)
7. Discuss findings from the professional well-being literature review and solicit feedback on the professional well-being conceptual model. (Meeting occurred on September 13, 2021)
8. Discuss key findings from the professional well-being literature review and environmental scan. (Meeting occurred on October 29, 2021)
9. Discuss key findings from the reflective supervision literature review and environmental scan. (Meeting occurred on November 5, 2021)

We also conducted one virtual small group discussion to gather feedback on the process of rating materials identified through environmental scans as “evidence-based.” (Meeting occurred on June 24, 2021)

Appendix B. Literature Review Methodology

The search for relevant literature was completed in a series of steps, including (1) a database search, (2) snowball searches of reference lists, (3) review of existing databases, and (4) input from Contracting Officer Representatives, consultants, and stakeholders. Details for each of these steps are provided below.

Database Search

The study team performed systematic searches of four scholarly databases: PubMed, CINAHL, PsycINFO, and Scopus. Search terms were developed using the PICO framework (Population, Intervention, Comparison, Outcomes) and refined in collaboration with Contracting Officer Representatives. Exhibit B1 presents search terms for professional well-being.

Exhibit B1. Search Terms for Professional Well-Being

Population	Outcome
"Home visit*" OR "house calls" OR "home-based" OR "home care" OR "early childhood educat*" OR "early care and educat*" OR "Head Start" OR "Early Head Start" OR "preschool" OR "child care" OR "maternal child health" OR "community health worker" OR "infant mental health consult*" OR "early intervention" OR "social work" OR "social services" OR "child welfare" OR "child protective services" OR "family-based care" OR "family development" OR "child development"	"Professional well-being" OR "professional well being" OR "professional wellbeing" OR "burnout" OR "occupational stress" OR "work-related stress" OR "job stress" OR "secondary trauma" OR "compassion fatigue" OR "labor turnover" OR "turnover" OR "employee retention" OR "job satisfaction" OR "professional quality of life" OR "workplace well-being" OR "workforce wellbeing" OR "workplace well being" OR "work-life balance" OR "work life balance" OR "job quality" OR "quality of work life" OR "work-family balance" OR "work family balance"

We consulted with an informationist to tailor the search strategy for each database using a combination of Medical Subject Headings searching, keyword searching, and text word searching. Searches were limited to article titles and abstracts.

Snowball Search

In addition to the systematic review process outlined above, the study team performed snowball searches to identify additional relevant literature. Reference sections of all publications selected for inclusion were examined for potentially relevant articles and reports. We also reviewed existing databases from prior relevant projects to identify relevant gray literature, which included MIECHV

State-led Evaluation Reports. Last, we reviewed literature suggested by our internal advisor group, expert consultants, stakeholders, and OPRE.

To ensure that the search included the most recent and relevant sources, for the snowball search, we expanded the original criteria to include highly relevant gray literature and seminal publications published prior to 2010. A source was considered seminal if it was cited frequently in included studies (i.e., four or more times).

Review of Literature From Existing Projects

We reviewed existing literature from prior relevant projects, including the Home Visiting Program Quality Rating Tool and the National Home Visiting Resource Center's reference catalog. We also requested literature and assessments to consider for review from Health Resources and Services Administration, consultants, awardees, and expert stakeholders.

Review of Materials From Consultants and Stakeholders

We also invited consultants and stakeholders to submit materials for review.

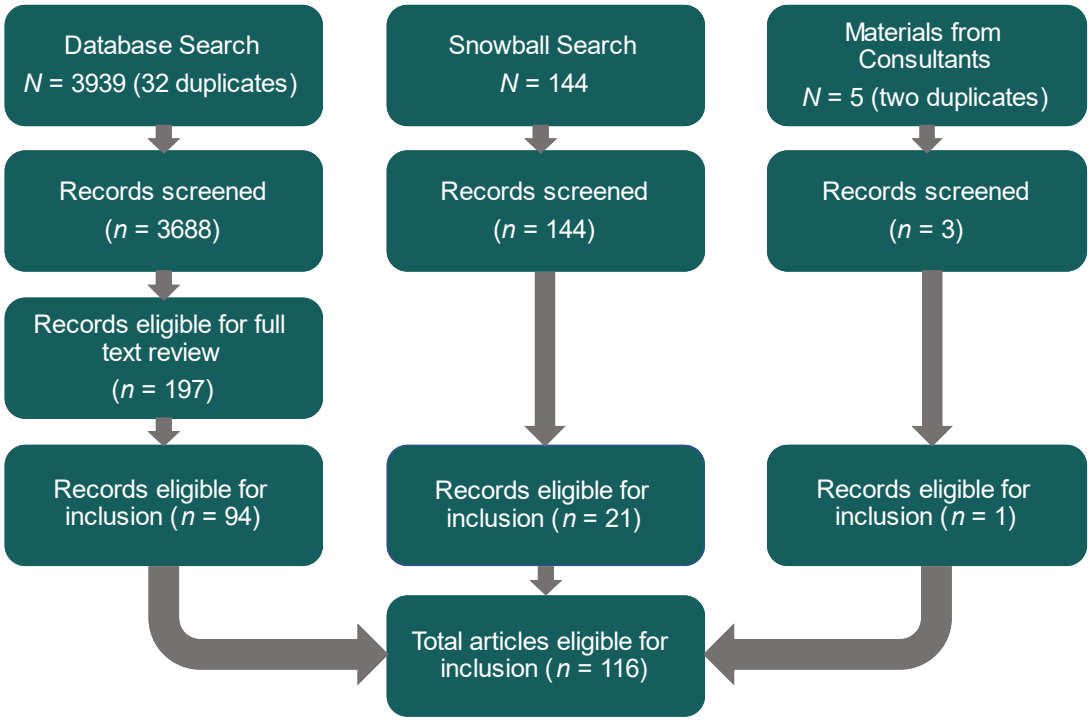
Eligibility Criteria

To be included in the review, articles met the following eligibility criteria:

- Addressed one of the guiding questions for the review
- Focused on populations of expectant families or families with children in an educational, supportive (including social services), or care-based setting (including healthcare) or in the child or family's home.
- Reported on intervention or program implemented in the United States
- Published in English
- Published between January 2010 and October 2020

We imported abstracts of all identified literature into Covidence, a software that facilitates screening, data abstraction, and organization of data for literature reviews. Trained staff reviewed titles and abstracts for eligibility inclusion criteria and tagged literature for either inclusion or exclusion. When a decision could not be made based on the abstract alone, the article was moved forward for full-text review. The search process resulted in a total of 116 articles eligible for inclusion (see exhibit B2).

Exhibit B2. Search Process



Data Extraction

Eligible articles were reviewed, and relevant data were extracted using a standard form (see exhibit B3). Study team staff were trained to extract data until they reached a satisfactory level of reliability. For ongoing quality monitoring purposes, the task lead also reviewed approximately one third of included literature. Project team discussions resolved any discrepancies.

Exhibit B3. Data Extraction Categories

Category	Subcategories
Field or discipline	• Home visiting • Early care and education • Healthcare • Child welfare • Behavioral and mental health • Other
Study information	• Design • Sample size • Data collection methods
Sample characteristics (families served and home visiting staff)	• Age • Gender • Race and ethnicity • Socioeconomic status • Education • Role (e.g., supervisor, home visitor) • Professional background and experience • Geographic location
Intervention or strategy characteristics	• Program or intervention name • Models implemented • Curriculum used • Goals • Service delivery components and strategies • Target service population
Well-being	• Definition • Theoretical basis and/or conceptual model • Key elements • Measured constructs • Measurement tools • Factors that promote well-being • Strategies to support well-being • Relationship to outcomes

Category	Subcategories
Results	• Main findings • Effect sizes
Future directions	• Study limitations • Implications • Gaps in the literature

Appendix C: Summary of Home Visiting Studies

Study: Alitz 2018 **Goals**: To understand primary sources of work-related stress experienced by home visitors and subsequent effects on their engagement with program participants and to learn coping mechanisms used to manage stress. **Key findings:** The burden of paperwork and data entry were the highest ranked work-related stressors perceived as interfering with home visitors' engagement with participants. The second highest ranked stressors included caseload management, followed by a lack of resources for families and dangerous environments. **Study design and sample:** Descriptive, qualitative study. 49 Florida MIECHV home visitors.
Study: Becker 2016 **Goals:** To determine if home visitors with higher levels of dispositional mindfulness reported a stronger working alliance with parents and whether this association was mediated by greater psychological well-being in the home visitor. **Key findings:** Home visitors who had higher levels of mindfulness reported a stronger working alliance with parents. This association between mindfulness and working alliance was mediated, in part, by greater levels of psychological well-being among home visitors who were more mindful. **Study design and sample:** Correlational. 307 Head Start and Early Head Start home visitors in Pennsylvania.
Study: Begic 2019 **Goals:** To understand the context of home visitor secondary traumatic stress (STS) and burnout and how this might affect home visitors' intention to quit, particularly focusing on potential risk factors and supportive strategies identified by the home visitors themselves. **Key findings:** More than two-thirds of home visitors experienced either medium or high levels of STS (69.0 percent) and burnout (73.8 percent). Approximately one quarter of home visitors indicated thinking of leaving their present position. Risk factors associated with S**TS** included traumatic stress of families, inability to recognize ones' own experiences of secondary traumatic stress, and unhealthy work culture. Regarding protective factors, home visitors strongly emphasized the importance of having a supportive supervisor whom they could trust and communicate with openly. **Study design and sample:** Correlational. 27 home visitors.
Study: Buchbinder 1998 **Goals:** To examine the relationship between home visitor job satisfaction and turnover. **Key findings:** Job "leavers" were more likely than job "stayers" to report feeling "upset," had higher self-efficacy scores, were less satisfied with pay, and were less satisfied with supervision. **Study design and sample:** Correlational. 46 home visitors.

Study: Burrell 2009

Goals: To describe paraprofessional home visitors' relationship security as it relates to demographics, psychological attributes, work perceptions, and intentions.

Key findings: Home visitors with anxious attachment reported increased feelings of burnout, and those high on avoidance had lower levels of job satisfaction and were more likely to intend to leave their positions. Relationship anxiety was negatively associated with self-efficacy and positively associated with negative affect and indicators of burnout. Relationship avoidance was negatively associated with self-efficacy, job satisfaction, and tenure as a home visitor.

Study design and sample: Correlational. 62 home visitors.

Study: Burrell 2018

Goals: To examine maternal and visitor emotional well-being as factors for maternal satisfaction with the program in addressing reasons for enrolling in HV and program engagement and the role of their working alliance with the visitor as a mediator of this.

Key findings: Maternal low emotional availability and home visitor emotional exhaustion were both negatively associated with a family's length of enrollment. In the path model, emotional exhaustion was associated with a decrease in goal ratings. It is possible that visitors who are more emotionally exhausted are less responsive to addressing goals of mothers. And in fact, the exploratory results suggest that this is of particular concern when serving mothers with adequate emotional availability; when visitors are more exhausted, these mothers leave the program sooner. This would indicate that the work-related characteristics of visitors are important, particularly when serving mothers with adequate emotional availability.

Study design and sample: Correlational. Fifty-four home visitors.

Study: Gill 2007

Goals: To examine home visitor stress and satisfaction over a 5-year period and explore the link between home visitor turnover and clients' program engagement. The key objectives were to (1) explore home visitor characteristics, training, and psychological functioning at program entry; (2) examine home visitors' perceptions of staff support and development; (3) examine differences in staff competence, depression, burnout, and job satisfaction over time; and (4) ascertain staff turnover and explore its association with client engagement.

Key findings: Over the course of the study, home visitors reported higher emotional exhaustion and lower job satisfaction. Staff turnover was high during periods of program reorganization but had a positive impact on client engagement in that families served by more than one home visitor stayed in the program longer.

Study design and sample: Correlational. 89 home visitors.

Study: Home Visiting Career Trajectories

Goals: To examine the characteristics, qualifications, and career pathways of home visitors and supervisors employed in local implementing agencies that received MIECHV program funding.

Key findings: Staff are highly satisfied with some aspects of their jobs, such as relationships with families, peers, and supervisors, but are generally dissatisfied with their job earnings and opportunities for promotion. Home visitors described the importance of trust and feeling valued by both their direct supervisor and upper management at the agency. Job satisfaction is lower in cases where home visitors feel micromanaged, undervalued, and misunderstood in the work they do. The experience of a promotion along with a supportive work culture that offers flexible scheduling and teleworking options promote job satisfaction and home visitors' intent to stay in their positions over the next 2 years.

Study design and sample: Descriptive.

Study: Lee 2013

Goals: To (1) examine the effects of organizational climate on burnout among home visitors and (2) investigate how supervisory support and empowerment mediate the relationship between organizational climate and burnout.

Key findings: The study results indicate that home visitor age was a significant demographic factor in understanding burnout. The younger the worker was, the greater the level of burnout. As predicted, greater supervisory support was related to decreased worker burnout. Similarly, greater empowerment perceived by workers corresponded to less burnout. Empowerment is a better predictor than supervisor support for burnout in the model. The organizational climate variables of task orientation and work pressure both demonstrated substantial effects on worker burnout.

Study design and sample: Correlational. 179 home visitors.

Study: Nathans 2019

Goals: To (1) identify similarities and differences in the home visitors' initial readiness, (2) explore home visitors' perceptions of and experience with ongoing supervision and support, and (3) examine the differences in job satisfaction reported by home visitors from the three home visitation programs (Nu**rse Family Partnership**, He**althy Families America**, and E**arly Head Start).**

Key findings: NFP and HFA home visitors reported the highest scores on job satisfaction. There were no significant differences between programs on frequency or quality of supervision or commitment to the intervention model. Qualitative data indicated a need for more initial training on challenging topics, a greater attention to supervision and support, clearer articulation of the intervention model, and issues related to job satisfaction.

Study design and sample: Descriptive. 82 new home visitors.

Study: Radcliffe 2017

Goals: This study used three survey tools to (1) describe the demographic characteristics of the home visiting workforce, (2) evaluate the level of job satisfaction of the South Carolina MIECHV home visiting staff, and (3) assess perceptions of home visitors' confidence in their ability to perform their work.

Key findings: Overall, the home visitors were well-educated and experienced, but most were relatively new to their current agencies. Around 22 percent were less than satisfied with their work, with the greatest areas of dissatisfaction being pay, working conditions, and opportunity for promotion. The home visitors felt well trained in interpersonal skills but least confident in skills relating to positive parenting, developmental delays, and dealing with caregiver depression.

Study design and sample: Descriptive. 60 home visitors.

Study: West 2018

Goals: This mixed-methods study examined Early Head Start home visitors' compassion satisfaction, STS, burnout, and job withdrawal, and their associations with home visitor, family, and work characteristics.

Key findings: Home visitors experienced moderate to high compassion satisfaction and low to high STS. Significant predictors of STS included fewer than 5 years of experience as a home visitor, more depressive symptoms, adult attachment avoidance, greater empathic personal distress, and perceptions of higher job demands. Supervision was not associated with lower levels of STS. Significant predictors of burnout included higher levels of depressive symptoms and perceptions of higher job demands. No significant associations were found between burnout and caseload size, perceptions of job **security**, job control, coworker support, or quantity of supervision. Significant predictors of job withdrawal included higher levels of burnout, low satisfaction with benefits, and home visitors' perceptions that their employers were less concerned about their personal safety. Depressive symptoms were associated with all four outcomes of interest. Higher EHS family cumulative risk scores were associated with greater home visitor STS but not with compassion satisfaction or burnout.

Study design and sample: Correlational. 77 home visitors.

Appendix D. Conceptual Model Methodology

This appendix summarizes—

1. Existing conceptual models related to worker or workforce well-being that informed the conceptual model presented
2. Example resources from broader literature that informed the conceptual model, including relevant theories
3. Methods and feedback solicited from ongoing engagement with consultants, local home visiting program staff, MIECHV awardees, Tribal MIECHV grantees, model representatives, and training and technical assistance providers

Existing Conceptual Models

We reviewed and drew from existing conceptual models from multiple fields to identify potentially relevant dimensions, drivers, influential factors, and outcomes (see exhibit D1). Our goal was to draw from and adapt existing models to address the unique job demands and contexts of home visiting and to be responsive to suggestions provided by home visiting practitioners and researchers. Many models discuss the need for job resources and demands to equal or exceed job stressors and demands for well-being and prevention of burnout. Although most models include workplace factors and contexts that influence well-being, most models do not specify what "well-being" is with respect to key dimensions or indicators of well-being. Additionally, models typically include outcomes as the opposite ends of a continuum (from burnout to work engagement) and do not specify expected workplace or workforce outcomes or describe theories of change.

Exhibit D1. Examples of Conceptual Models Reviewed

Conceptual model	Brief description
Coping Reserve Model	Developed by Dunn et al. through their qualitative work with medical students, this model posits that an array of positive (filling or replenishing the coping reserve or "tank") and negative (draining the coping reserve) inputs, combined with the structure of the coping reserve itself (such as personality and temperament factors), can lead to positive or negative outcomes. Positive inputs include psychosocial support, social and healthy activities, mentorship, and intellectual stimulation. Negative inputs include stress, internal conflict, and time and energy demands. Positive outcomes include resilience and enhanced mental health, whereas negative outcomes include burnout and cynicism. Resilience, viewed as a dynamic process rather than a static quality, is achieved by ensuring that replenishing factors equal or exceed depleting factors.[108]

Conceptual model	Brief description
Shanafelt Model	Developed by Shanafelt et al., this model represents physician burnout and engagement as binary states on opposite ends of a continuum. Seven core drivers contribute to burnout and engagement along the continuum, and for each driver, more optimal conditions lead to engagement, whereas less optimal conditions lead to burnout. Driver dimensions include workload and job demands, control and flexibility, work-life integration, social support and community at work, organizational culture and values, efficiency and resources, and meaning in work.[108]
National Academy of Medicine Model	Developed by a network of organizations, called the Action Collaborative, this conceptual model, which can be applied across all healthcare professionals and settings, depicts the factors associated with clinician well-being and resilience and emphasizes the link between clinician well-being, clinician-patient relationship, and patient well-being. Factors contributing to clinician well-being are classified into two categories of external factors and individual factors. External factors are grouped into sociocultural factors; regulatory, business, and payer environment; organizational factors; and learning or practice environment. Individual factors are grouped into healthcare role, personal factors, and skills and abilities.[108]
Worker Well-Being Framework	Developed by the National Institute for Occupational Safety and Health, this framework conceptualizes worker well-being as a subjective (individuals' perceptions and beliefs) and objective (aspects of individuals' environment and living conditions or standards) phenomenon that is inclusive of experiences both within and beyond work contexts. The model includes five domains (workplace physical environment and safety climate, workplace policies and culture, health status, work evaluation and experience, and home, community, and society) and 20 subdomains that affect and contribute to workers' health and quality of life.[109]
Whole Teacher Well-Being	Developed by Kwon et al. as part of the Happy Teacher Project, the conceptual model focuses on whole teacher well-being that consists of physical, psychological, and professional well-being and how workplace conditions support these three areas. Physical well-being includes indicators like general health, obesity, ergonomic pains. Psychological well-being includes indicators like depression, personal stress, job stress, and adverse childhood experiences. Professional well-being includes indicators like relationships with children, job commitment, self-efficacy, and job retention.[110]
Early Childhood Professional Well-Being	Developed by McMullen et al. as part of an effort to pilot test a questionnaire of early childhood professional well-being to predict risk of job turnover. Measures nine senses of professional well-being in early childhood staff. This includes sense of security, sense of comfort, sense of agency, sense of affinity, sense of contribution, sense of communication, sense of self-respect, sense of efficacy, and sense of engagement.[10]

Conceptual model	Brief description
National Academy of Sciences, Engineering, and Medicine	Developed by the Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being, this framework for a systems approach to clinician burnout and professional well-being reflects theories and principles from the fields of human factors and systems engineering, job and organizational design, and occupational safety and health. The model has three levels (frontline care delivery, healthcare organization, and the external environment) that together influence each other and the work system factors contributing to burnout and professional well-being. Work system factors include job demands and job resources, as well as other factors, unique to each individual (personality, coping strategies, resilience, social support), that mediate the effects of these work system factors on clinician burnout and professional well-being.[111]
Well Teachers, Well Children	Developed by Gallagher et al. at the Buffet Early Childhood Institute at the University of Nebraska, the model was developed using an ecological perspective. Child well-being is at the center of the multidimensional model, and teachers directly affect child well-being through relationships and interactions. Teacher well-being is critical to their ability to be present and to engage in relationships with children. Individual factors (teaching role, personal factors, and knowledge and competencies) and contextual factors (professional regulations and policies, social and cultural factors, organizational factors and leadership, and practice environment and conditions) influence teacher well-being.
Connecting Employee Wellbeing to Business Performance	Developed by Jinnett et al. at the Integrated Benefits Institute, the framework seeks to inform the knowledge gap regarding the relationship between employee well-being, work outcomes, and business value. The framework organizes the existing evidence into four categories: (1) employee well-being (subjective and objective), (2) workplace culture of health, (3) employee workplace outcomes, and (4) operational and business outcomes (includes the ability to satisfy customers, meet output targets, use resources efficiently, deliver products and services of high quality, meet deadlines, and generate revenue).[89]
Well-Being Toolkit For Lawyers and Legal Employers	Developed by Brafford and members of the Presidential Working Group to Advance Well-Being in the Legal Profession for use by the American Bar Association, the toolkit is designed to help lawyers and legal employers improve well-being holistically and systemically at both the individual and workplace levels. Well-being is described as a continuous process to thrive across six dimensions (occupational, emotional, physical, intellectual, spiritual, and social). A healthy workplace, dependent on the interaction among four areas (psychosocial work environment, physical work environment, personal resources of each organizational member, and community contribution), has a big impact on lawyer well-being and is an area of vulnerability for many legal employers.[79]

Broader Literature

In addition to drawing from existing conceptual models, we consulted a broader literature base outside of the literature summarized in the literature review findings. This included literature from positive organizational psychology, occupational health and well-being, business, and healthcare. We also drew from relevant and empirically validated theories and models, such as the Job Demands Resources Model and the Conservation of Resources Theory.[69] See exhibit D2 for a summary of example sources.

Exhibit D2. Examples of Broader Literature Informing the Conceptual Model

Citation	Brief summary
Stewart MT, Reed S, Reese J, Galligan MM, Mahan JD. Conceptual models for understanding physician burnout, professional fulfillment, and well-being. *Curr Probl Pediatr Adolesc Health Care.* 2019;49(11):1-10.	Journal article that reviews seven conceptual models of physician well-being and discusses their strengths and limitations and describes their applications. The seven models reviewed include Coping Reserve Model; PERMA (Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment) model; Shanafelt model; Three-Part Model of Physician Burnout; Stanford WellMD model; Rosenberg model; and National Academy of Medicine model.
Kruskal JB, Shanafelt T, Eby P, et al. A road map to foster wellness and engagement in our workplace—a report of the 2018 summer Intersociety Meeting. *J Am Coll Radiol*. 2018;16(6):869-877.	Journal article the describes the work by the radiology Intersociety Committee to review the current state of stress and burnout in the imaging workplace and to identify approaches for fostering engagement, wellness, and job satisfaction. In addition to emphasizing the importance of personal wellness, the major focus of the meeting was to identify strategies and themes to mitigate the frequency, manifestations, and impact of stress.

Citation	Brief summary
McMullen MB, McCormick K. Flourishing in transactional care systems: caring with infant and toddler caregivers about well-being. In: Narvaez D, Braungart-Rieker JM, Miller-Graff LE, Gettler LT, Hastings PD, eds. *Contexts for Young Child Flourishing: Evolution, Family, and Society.* Oxford University Press; 2016:267-287.	Book chapter in which the authors conceptualize flourishing in very young children using a well-being perspective. The authors discuss a model of care for well-being framed by theories of natural and ethical care and bioecological-relational systems in which all the individuals and constituent elements within a caring society must be involved in caring for, about, and with families and professionals who care for infants and toddlers.
Kim E, Lindeman B, eds. *Wellbeing*. Springer Nature; 2020.	Comprehensive book on well-being for healthcare providers. Includes chapters discussing origins of well-being, what well-being is, models and theories related to workplace well-being, and chapters summarizing evidence for workplace factors that influence well-being and individual staff factors that influence well-being.
Ma¨kikangas A, Feldt T, Kinnunen U, Mauno S. Does personality really matter? A review of individual differences in occupational well-being. In: Bakker AB, ed. *Advances in Positive Organizational Psychology.* Emerald Publishing Limited; 2013:107-143.	Book chapter in which the authors introduce a holistic framework for personality research that will lay a foundation for a better understanding of the role of different personality constructs and their mutual relationships in employees' emotions and behavior at work.
Wrzesniewski A, LoBuglio N, Dutton JE, Berg JM. Job crafting and cultivating positive meaning and identity in work. In: Bakker AB, ed. *Advances in Positive Organizational Psychology.* Emerald Publishing Limited; 2013:281-302.	Book chapter in which the authors describe job crafting, a theoretical approach that expands perspectives on job design to include proactive changes that employees make to their own jobs, which can alter the ways employees define the meaning of their work and their work identities and can lead to positive effects on employees' degree of psychological well-being.

Citation	Brief summary
Van den Broeck A, Van Ruysseveldt J, Vanbelle E, De Witte H. The Job Demands-Resources model: overview and suggestions for future research. In: Bakker AB, ed. *Advances in Positive Organizational Psychology.* Emerald Publishing Limited; 2013:83-105.	Book chapter that provides an overview of the Job Demands–Resources literature. The authors detail the concepts of job demands and job resources and define burnout and work engagement as the most prominent outcomes of the energy-depleting and motivational process. The relationships between the job characteristics categories and employee well-being are also presented, as well as the role of personal resources in the model.
Brafford, AM. Well-being toolkit for lawyers and legal employers. Published online 2018. In partnership with American Bar Association.	Toolkit designed to help lawyers and legal employers improve well-being holistically and systemically. Describes reasons for prioritizing lawyer well-being and information, strategies, and resources for implementing a plan for positive change.
Hall-Kenyon KM, Bullough RV, MacKay KL, Marshall EE. (2014). Preschool teacher well-being: a review of the literature. *Early Childhood Educ J.* 2014;(42):153-162.	Journal article that describes the reform in preschool education that primarily emphasizes standardized practice, academic outcomes, and accountability and how these changes are affecting teachers' well-being. The review summarizes the current literature on preschool teacher well-being and identifies the areas that warrant more research, including self-efficacy, life satisfaction, financial stability, emotional and physical health, and autonomy.

Engagement With Practitioners and Consultants

Exhibits D3 and D4 show the input received from practitioners and consultants and example responses to suggestions for each of the sessions that focused on the professional well-being conceptual model.

Exhibit D3. Feedback on Conceptual Model From Consultant Engagement Sessions

Date: March 4, 2021	
Goals for the session	• Gather input on definitions of Professional Well-Being (PWB), factors that influence PWB, and the relationship of PWB to outcomes • Solicit guidance on the conceptual model
Activities	• Introduction to the project • Large group discussion • Wrap up and requests for information

Suggestions and observations	• Consultants provided input on how they define PWB:
	  ○ General life satisfaction, work-life satisfaction, and balance
	  ○ Connections to people with whom they work (home visitors may experience higher levels of isolation)
	  ○ Time management anxiety
	  ○ Physical, intellectual, spiritual, occupational, and relational wellness
	  ○ Continual growth
	  ○ Creating a context for wellness and well-being
	  ○ Emotional well-being (social connection, self-regulation, healthy state of emotions), psychological well-being (coping with stress, mental health), burnout, and compassion satisfaction
	  ○ Efficacy (personal and programmatic) and personal agency
	  ○ Job engagement
	• Consultants identified dimensions of PWB that are relevant to the home visiting context:
	  ○ Financial well-being
	  ○ Establishing boundaries
	  ○ Secondary stress and trauma
	  ○ Intensity of relationships with families
	  ○ Home visitors' awareness of their own culture and values
	  ○ Family culture and its role in relationships

Date: March 4, 2021	
	○ Home visitor role ambiguity (boundaries, guest or expert) ○ Home visitor space for professional identity ○ Issues of power dynamics between home visitors and families ○ Exposure to extreme poverty or chaotic home environments ○ Concerns over personal safety ○ Considerations for historical contexts ○ Infrastructure support and considerations • Consultants identified factors that influence PWB: ○ At the federal, state, tribal, and community levels, consultants identified factors, including the challenges and barriers to connecting across systems serving families (child welfare, medical, ECE), systems in silos, service coordination, availability of resources, existing referral processes, alignment across systems, values, and expectations, and public perception and appreciation for home visiting as a profession. They discussed systemic racism, policies and procedures that are in conflict to implementing a model or program with fidelity, funder requirements, limitations related to policies and requirements that prevent home visitor flexibility, and a lack of transparency around policies, regulations, and guidelines. Consultants mentioned job insecurity, job control and autonomy (ability to make decisions about how best to use their skills, fulfill job requirements, and meet needs of families), flexible schedules and policies, constraints, and a balance of support and autonomy. They discussed overall job demands (caseload and paperwork), support and resources for working with challenging behaviors, and having to decide who does and does not receive home visiting services. ○ At the local implementing agency level, consultants identified factors, including the emotional climate, relationships with supervisors and colleagues, coaching and mentoring, social connection, workplace safety (physical and emotional), and discrimination and microaggressions in the workplace. They discussed support and recognition for supervisors, training and support for leadership, and leaders feeling isolated. Consultants mentioned power dynamics and differentials in decision making and salaries, access to leadership to ask questions and raise concerns, agency mission conflict, support and knowledge within agencies and programs that align with community and family risk factors, agencies that do not understand their home visiting programs, caseload size and composition, and access to resources and materials. ○ At the home visiting staff level, consultants identified factors, including confidence and self-efficacy, resilience, optimism, knowledge, skills, training, sense of meaning and purpose, sense of having support to carry out one's job, and individual adverse experiences.

Date: March 4, 2021	
	○ At the program service delivery level, consultants identified factors, including family engagement or lack of program buy-in, family conflict in enrolling in services (i.e., lack of agreement), goodness of fit with the family, conflicts between home visitor values and goals and family values and goals, maternal gatekeeping, roles as mandated reporters, and having the necessary resources and materials that are relevant to families.
Example responses	• Examined definitions of PWB to consider broader dimensions of PWB for inclusion in the conceptual model • Examined influential factors at each level of the system to thematically categorize factors into the five drivers of professional well-being

Date: April 19, 2021	
Goals for the session	• Discuss existing PWB conceptual models and recommendations • Gather input on draft PWB conceptual model
Activities	• Share draft PWB conceptual model
Suggestions and observations	• Consultants discussed outcomes associated with PWB to add to the draft PWB conceptual model: ○ Child outcomes ○ Financial security and insecurity (of the worker and their family) ○ Equity measures—how is well-being distributed across the workforce? ○ Job burnout ○ Community participation related-outcomes (there has been criticism on outcomes only including nuclear family-level elements) ○ Work-family conflict and parenting outcomes • Consultants identified the potential for confusion between individual worker well-being and aggregate workforce well-being and a possible need for clarification in that area. • For the elements section of the model, consultants noted that the model's use of the term "intellectual well-being" was uncommon in this field. They suggested either differentiating between "cognitive," "psychological," and "intellectual" well-being or changing the language altogether.

Date: April 19, 2021	
	• Consultants questioned the value of "occupational" well-being as its own category and suggested that some of the dimensions listed there might be better defined as job characteristics. • Consultants provided feedback on the general organization of the concepts, made suggestions for consolidating and streamlining, and recommended other conceptual models that might be useful to examine. • Consultants proposed creating two versions of the model: one designed for a practitioner audience with actionability in mind and one designed for a research audience with detailed background information.
Example responses	• Added outcomes at different "levels," including individual home visitor outcomes, program- and workforce-level outcomes, and family and child outcomes • Removed language related to "intellectual well-being"

Date: May 11, 2021	
Goals for the session	• Discuss and solicit feedback on draft PWB conceptual model
Activities	• Share draft PWB conceptual model • Gather reactions to the term *professional* • Large group discussion of dimensions of well-being and outcomes associated with PWB • Wrap-up and requests for information

Suggestions and observations	• Consultants discussed the terminology used in the conceptual model:
	  ○ Most consultants preferred either "home visitor well-being" or "home visitor professional well-being" over "worker well-being," but opinions differed on whether the emphasis of "professional" was useful.
	  ○ Consultants expressed that "Home Visitor Professional Well-Being" may help convey a systemic perspective and may validate home visitors as professionals, whereas simply "Home Visitor Well-Being" may be more holistic and more appropriate for a type of intimate service work that is difficult to separate from personal life. The most common piece of advice was to directly ask current home visitors what they preferred
	  ○ Suggested alternatives:
	  ▪ Whole worker well-being

Date: May 11, 2021	
	▪ Home visitor professional and personal well-being ▪ Well-being of the home visiting professional • Consultants reviewed visual aspects of the model and considered unintended interpretations of the colors: ○ People infer meaning to colors. They might interpret darker shades of the same color as signifying more importance, or they might interpret lighter colors as positive and darker colors as negative. • Consultants reviewed the model's key dimensions: ○ Consultants suggested that the model may not emphasize relationships enough. ○ They widely agreed that a psychological (or cognitive or intellectual) component and an ethical (or motivational) component were missing from the model. ○ Other elements of well-being that were suggested included cultural wellness and relational wellness. ○ Some consultants questioned the use of "spiritual well-being" (which might unintentionally connote religion to viewers) and proposed alternative terms focused more on sense of fulfillment. • Consultants reviewed the model's key factors: ○ The word "characteristics" was found to be misleading. ○ Missing factors included resilience, physical health, identity, culture, trauma, racism, and specificity around pay and benefits • Consultants were highly critical of the use of the terms *enabling* and *disabling* and suggested alternative terminology. Although some consultants thought framing factors as potentially positive or negative was useful, others felt assigning value judgments to subjective personal goals was harmful.
Example responses	• Selected use of term *professional well-being* • Changed color scheme for conceptual model • Added a driver titled "relationships and connections" • Added dimension for "psychological well-being"

Exhibit D4: Input on Conceptual Model From Practitioners and Individuals That Support Practitioners

Date: March 18, 2021	
Goals for the session	• Gather input on definitions of PWB, factors that influence PWB, and important areas of inquiry for focal areas
Activities	• Introduction to the project • Word Cloud activity for words associated with well-being • Large group discussion on definitions of PWB and in the context of home visiting • Large group discussion on factors that influence PWB at three levels (federal/state/tribal/community, program, individual) • Wrap-up and requests for information

Suggestions and observations	• Stakeholders discussed elements of PWB:
	  ○ Stakeholders identified several essential elements of home visitor professional well-being, which mostly fell into two general categories—elements of organizational support and elements of autonomy/personal and professional freedoms.
	  ○ A key theme was the importance of finding a balance between these two components of professional well-being.
	  ○ Elements of support included financial supports (competitive pay and benefits), emotional supports (recognition and appreciation, mental health resources), and social supports (supportive supervision, a workplace culture that prioritizes diversity, equity, and inclusion).
	  ○ Elements of autonomy included decision making autonomy, role clarity, personal ownership of the work, and opportunities for professional mobility.
	  ○ Stakeholders stressed the value of professional development opportunities that meet home visitor's needs, but also cautioned centering "professionalism" in a field where crucial knowledge and skills are often gained through lived experience rather than formal education.
	• Stakeholders discussed factors that influence PWB:
	  ○ At the federal, state, tribal, and community levels, they emphasized the need for more investment of funds and resources to support well-being, including better pay, more professional development opportunities, more social and emotional supports, more coordinated local and regional systems, and more inclusive and democratic processes of operations.

Date: March 18, 2021	
	○ At the local implementing agency level, stakeholders discussed how agencies and programs can affect home visitor professional well-being through recognition, accountability, supervision, professional development opportunities, community building, and an inclusive and diversity-, equity-, and inclusion-focused organizational culture. ○ At the individual level, they identified factors, including family engagement, accessibility of services, family empowerment, experiences of stress and trauma, access to mental health resources, and home visitor voice and inclusion in organizational decision making. ○ Another recurring theme was that while it is essential for home visitors to represent the community they serve, community-based home visitors also face challenges (which are not often adequately addressed) related to work-life balance and the burden of providing cultural education to their coworkers.
Example responses	• Examined definitions of PWB to consider broader dimensions of PWB for inclusion in the conceptual model • Examined influential factors at each level of the system to thematically categorize factors into the five drivers of professional well-being

Date: July 22, 2021	
Goals for the session	• Discuss and solicit feedback on draft PWB conceptual model
Activities	• Large group discussion of the PWB conceptual model: its clarity, utility, gaps, or potential uses
Suggestions and observations	• Stakeholders felt that the decision to incorporate home visitor financial stability and well-being, including pay and benefits, into the resources and supports category in the model was a mistake. They felt that economic drivers of well-being need to be called out explicitly. This was presented as an equity issue. • They urged the project team to consider unintended consequences of the model (e.g., could leaving pay and benefits out of the model lead policymakers to believe pay and benefits are not important to well-being?) and to think about the model with a “first, do no harm” approach. • Several stakeholders mentioned the importance of receiving more input from home visitors to ensure the workforce feels represented by this model. • Model fidelity was suggested as an outcome, and level of quality of relationships and supervision was suggested as a factor.

Date: July 22, 2021	
	• Stakeholders suggested that including indicators could be useful, that the model could be turned into a self-assessment tool, and that it could apply beyond the field of home visiting. • Overall, stakeholders found the model visually effective.
Example responses	• Added “compensation” to the driver of “validation and recognition” • Added model fidelity as example of a possible program-level outcome

Appendix E. Environmental Scan Methodology and List of Included Materials

Environmental Scan Methodology

We conducted the environmental scan in three phases. We identified relevant materials, evaluated them for inclusion, and extracted pertinent information from the included materials. The following sections detail the methods used in each phase.

Identifying Materials

We used four approaches to identify relevant materials for inclusion in the environmental scan:

1. Public call for information
2. Targeted searches of 18 websites
3. Web-based searches using predetermined search terms
4. Literature review

Public Call for Information

We disseminated a public call for information about relevant materials to home visiting model representatives; MIECHV awardees and Tribal MIECHV grantees; and organizations, entities, and individuals with expertise in the areas of technical assistance, professional development, and the home visiting workforce.

Targeted Searches of 18 Websites

We searched 18 websites of specific organizations, entities, and efforts identified as potentially relevant:

1. First 5 California Home Visiting Workforce Study
2. Professional Quality of Life
3. Start Early Professional Development Resources
4. Childcare and Early Education Research Connections
5. MIECHV Technical Assistance
6. ZERO TO THREE Professional Development Resources
7. Head Start Early Childhood Learning and Knowledge Center
8. Institute for the Advancement of Family Support Professionals

9. Rapid Response for Home Visiting
10. Center of Excellence for Infant and Early Childhood Mental Health Consultation
11. ACF's Tribal Home Visiting
12. HRSA MCHB Home Visiting Program
13. Arkansas Home Visiting Training Institute
14. Nebraska Home Visiting Training Resources
15. Reflective Interaction Observation Scale
16. Early Impact Virginia
17. Oregon Health Authority
18. University of Minnesota Reflective Supervision and Consultation Self-Study Modules

Web-Based Searches Using Predetermined Search Terms

We completed a series of web-based searches using a list of predetermined search terms to identify pertinent materials. Exhibit E1 displays the search terms used to find resources and measures related to professional well-being in the fields of home visiting, child welfare, and early care and education.

Exhibit E1. Terms Used for Web-Based Searches

Material type	Home visiting	Child welfare	Early care and education
Resources	("home visit*") AND ("~professional well-being" OR "work* wellbeing" OR "psychological well-being" OR "job meaning" OR "job fulfillment" OR "~job ~satisfaction" OR "job stress" OR "burnout" OR "turnover") AND (~training OR ~program OR ~intervention OR ~workshop OR ~initiative OR ~coaching OR ~mentoring OR "technical assistance" OR ~curriculum)	("social work*" OR "child welfare" OR "child protect*") AND ("~professional well-being" OR "work* wellbeing" OR "psychological well-being" OR "job meaning" OR "job fulfillment" OR "~job ~satisfaction" OR "job stress" OR "burnout" OR "turnover") AND (~training OR ~intervention OR ~~workshop OR ~initiative OR ~mentoring OR "technical assistance")	("early care" OR "early childhood" OR "childcare") AND ("~professional well-being" OR "work* wellbeing" OR "psychological well-being" OR "job meaning" OR "job fulfillment" OR "~job ~satisfaction" OR "job stress" OR "burnout" OR "turnover") AND (~training OR ~program OR ~intervention OR ~workshop OR ~initiative OR ~coaching OR ~mentoring OR "technical assistance" OR ~curriculum)

Material type	Home visiting	Child welfare	Early care and education
Measures	(“home visit*”) AND (“~professional well-being” OR “work* wellbeing” OR “psychological well-being” OR “job meaning” OR “job fulfillment” OR “~job ~satisfaction” OR “job stress” OR “burnout” OR “turnover”) AND (survey OR questionnaire OR measure OR index OR assessment OR screen OR scale OR observation)	(“social work” OR “child welfare” OR “child protective services”) AND (“~professional well-being” OR “work* wellbeing” OR “psychological well-being” OR “job meaning” OR “job fulfillment” OR “~job ~satisfaction” OR “job stress” OR “burnout” OR “turnover”) AND (survey OR questionnaire OR measure OR index OR assessment OR screen OR scale OR observation)	(“early care” OR “early childhood” OR “childcare”) AND (“~professional well-being” OR “work* wellbeing” OR “psychological well-being” OR “job meaning” OR “job fulfillment” OR “~job ~satisfaction” OR “job stress” OR “burnout” OR “turnover”) AND (survey OR questionnaire OR measure OR index OR assessment OR screen OR scale OR observation)

Literature Review

Relevant materials identified in the literature review were considered for inclusion in the environmental scan. While reviewing the articles included in the literature review, we identified two trainings, five strategies, and 15 measures to include in the environmental scan. We did not identify any resources that addressed professional well-being.

Evaluating Materials for Inclusion

Through discussions with federal project officers, we developed the following inclusion criteria:

- Material focuses on content related to supporting, promoting, or measuring an aspect of professional well-being
- Material includes a description of strategies, interventions, resources, or measures that can support their application and use

Extracting Data From Included Materials

Materials selected for inclusion in the environmental scan were reviewed and summarized according to the data extraction fields outlined in exhibit E2. Across all materials, we extracted data on a limited set of key items identified through discussions with federal project officers. For trainings and measures, we gathered additional details pertinent to those types of materials.

Exhibit E2. Environmental Scan Data Extraction Fields

Type of material	Data extracted
All materials	Source for identifying material Organization name Type of material Field Name General summary
Trainings	Goals and learning objectives Content addressed Training strategies used Training modalities Dosage Materials included or provided Costs
Measures	Purpose Intended population Domains measured Administration approach and timing Process of development Reliability and validity

Detailed Tables

Exhibit E3. Summary of Trainings[a]

Training	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Time for you—self-care strategies	Learn self-care strategies.	Archived webinar, publicly available for free from *Head Start Early Childhood Learning and Knowledge Center*	*Relationships and connections*	Psychological well-being
Mindfulness: A Resilience Practice	Learn mindfulness practices to build teacher resilience.	Archived video with slide deck, handouts, and activity sheets. Publicly available for free from *Head Start Early Childhood Learning and Knowledge Center*	*Job stressors and demands*	Psychological well-being
Understanding How Family Stress and Trauma Impacts Home Visitors	Find out more about secondary traumatic stress and how it affects home visitors. Identify strategies for preventing and reducing secondary traumatic stress.	Archived webinar, transcript, and slide deck. Publicly available for free from *Head Start Early Childhood Learning and Knowledge Center*	Job stressors and demands	Psychological well-being

Training	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Home Visiting 103: Professional Practice	Describe professional boundaries and identify strategies for practicing self-care.	Learning module with learning and resource guide. Publicly available for free from *Institute for the Advancement of Family Support Professionals*	*Job stressors and demands*	Psychological well-being
Maximizing Team and Peer Networks to Improve Family Outcomes	Design strategies to prevent burnout, enhance resiliency by developing a network of peer relationships, and establish a supportive response to the impact of secondary trauma and compassion fatigue.	Learning module with learning and resource guide. Publicly available for free from *Institute for the Advancement of Family Support Professionals*	Relationships and connections Job stressors and demands	Psychological well-being
Performance Evaluation: Celebrating and Guiding the Family Support Professional	Reframe performance evaluation from a one-time appraisal to an ongoing process and develop an employee recognition program to promote well-being.	Learning module with learning and resource guide. Publicly available for free from *Institute for the Advancement of Family Support Professionals*	Validation and recognition	*Self-efficacy and confidence* *Job satisfaction*

Training	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Personal Safety for Home Visitors	List steps to ensure personal safety and identify potential dangers to family support professionals.	Learning module with learning and resource guide. Publicly available for free from *Institute for the Advancement of Family Support Professionals*	Job stressors and demands	
Professional Conduct and Self-Care	Identify causes and symptoms of work-related stress and strategies for managing stress.	Learning module with learning and resource guide. Publicly available for free from *Institute for the Advancement of Family Support Professionals*	*Job stressors and demands*	*Psychological well-being*
Staying Safe while Supporting Families	Define keys to personal safety and identify methods for preparing for and conducting visits in a manner that protects personal well-being.	Learning module with learning and resource guide. Publicly available for free from *Institute for the Advancement of Family Support Professionals*	*Job stressors and demands*	

Training	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Secondary Trauma in the Workplace and the Importance of Self Care	Identify signs and symptoms of secondary trauma, identify practices to protect yourself from compassion fatigue and burnout, and identify practices your organization can take to protect against burnout.	In-person training provided by state intermediary for professional development and technical assistance. From *Parent Possible*	Job stressors and demands	Psychological well-being
An Introduction to Trauma-Informed Care &and Mindfulness	Define trauma and its impact, describe trauma informed care essentials, and provide introduction to mindfulness.	In-person training provided by state intermediary for professional development and technical assistance. From *Parent Possible*	Job stressors and demands	Psychological well-being
"Leave Your Work at Work" When Working from Home: Establishing a Healthy Work-Life Balance During COVID-19	Create a healthy work-life balance and examine mindfulness practices that facilitate healthy boundaries between work and home life.	In-person training provided by state intermediary for professional development and technical assistance. From *Parent Possible*	Job stressors and demands	Psychological well-being
Compressed Mindfulness Based Stress Reduction Course*	Psychoeducational program that uses mindfulness and medication to reduce stress and address vicarious trauma.	Two-day in person training. *Trowbridge et al. (2017)*[112]	Job stressors and demands	Psychological well-being

Training	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Effective Classroom Interactions online course*	Supplement online professional development course on intentional teaching with coaching and reflective writing assignments to improve self-efficacy and to reduce burnout and stress.	Online course publicly available. Virtual coaching and reflective writing provided as part of research study. *Roberts et al.*[13]	Resources and supports	Self-efficacy and confidence
Washington State: The Science of Self-Care Training	Training that provides concrete information and tools on self-care strategies.	In-person training provided by state professional development and technical assistance provider. From *Strengthening Families Washington*	Job stressors and demands	Psychological well-being
Beyond Self-Care: Personal Support Activities to Ground Your Virtual Service Delivery	Explore self-compassion and mindfulness activities. Learn how to care for yourself and others with grounding, reflection, and breathing exercises.	Free archived webinar recording from *Rapid Response Virtual Home Visiting*		Psychological well-being
Self-Care: Strategies to Regulate & Recharge in Times of Stress	Learn strategies to regulate stress and recharge.	Free archived webinar recording from *Rapid Response Virtual Home Visiting*	Job stressors and demands	Psychological well-being

Training	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Taking Care of You	Consider your professional needs in the areas of self-care and mindfulness and ensure that you are supporting your own mental health.	Free archived webinar recording from *Rapid Response Virtual Home Visiting*		Psychological well-being
Taking Care: Strategies to Make It a Reality	Explore self-care and mindfulness activities and discuss strategies for group professional supports to meet home visiting staff needs.	Free archived webinar recording from *Rapid Response Virtual Home Visiting*	Resources and supports	Psychological well-being
Taking Care of Ourselves—Workshop	PowerPoint presentation to teach techniques for reducing stress	Free online PowerPoint slides with additional resources and materials from *Center for Early Childhood Mental Health Consultation, Georgetown University Center for Child and Human Development*	Job stressors and demands	Psychological well-being
Mindfulness and Resilience to Stress at Work*	Learn research-based strategies to help foster mindfulness, handle stress, and guard against burnout.	Free version with limited access to materials; $199 for full access. From *University of California, Berkeley*	Job stressors and demands	Psychological well-being

Training	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Online Mindfulness-Based Stress Reduction Course*	Self-guided course on mindfulness	Free online 8-week course from *Palouse Mindfulness*	Job stressors and demands	Psychological well-being
The Impact of Trauma in Supervising Home Visiting	Examine what trauma is and how it affects supervision and home visitors. Learn how to identify trauma and how to support home visitors affected by it.	Learning module with learning and resource guide. Publicly available for free from *Start Early*	Resources and supports Job stressors and demands	Psychological well-being
Home Visiting Safety	Explores the importance of home visitor safety, how to identify safety risk factors, and appropriate actions to take based on various risk factors.	Learning module with learning and resource guide. Publicly available for free from *Start Early*	Resources and supports Job stressors and demands	Psychological well-being Job satisfaction
Professional Learning Network: Trauma and Self-Care	Examine trauma, vicarious trauma, burnout, and the importance of self-care.	Learning module with learning and resource guide. Publicly available for free from *Start Early*	Job stressors and demands	Psychological well-being

Training	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
HV ImpACT Webinar on Professional Growth and Well-Being	Discuss how wellness matters in every aspect of home visiting from leadership to direct service. Explore strategies and resources to boost workforce wellness in home visiting programs.	Free archived virtual webinar from *MIECHV Technical Assistance Website*	Resources and supports	Psychological well-being
Staff Wellness for Home Visitors	Understand the importance of staff wellness and professional boundaries in home-based settings. Learn about strategies for self-care and for reducing stress.	Archived webinar, publicly available for free from *Head Start Early Childhood Learning & Knowledge Center*	Job stressors and demands	Psychological well-being

[a]This list includes examples that were identified in the environmental scan and were verified as being available as of May 2021. The project team was unable to verify whether examples have been evaluated or are informed by evidence. We encourage potential users to request this information from program developers. Training marked with an asterisk had items reviewed by the project team that mentioned supporting research and/or evaluation.

Exhibit E4. Summary of Resources

Resource	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Important Home Visiting Information During COVID-19	Outline safeguards for home visitors and families during the COVID-19 public health emergency.	Webpage from *HRSA MCHB home visiting program*	*Resources and supports* *Job stressors and demands*	*Psychological well-being*
Taking Care of Ourselves: Stress Reduction Workshop	Identify causes of stress and develop an action plan to identify and address stressors.	Slide presentation and booklet from *Center of Excellence for Infant and Early Childhood Mental Health Consultation*	Job stressors and demands	Psychological well-being
Stress Log	Identify sources of stress, an individual's reactions, and ways to manage one's response.	Worksheet from *Center of Excellence for Infant and Early Childhood Mental Health Consultation*	Job stressors and demands	Psychological well-being
Paid Leave Advocacy Toolkit	Describe facts that support the passing of a comprehensive national paid family and medical leave insurance program.	Toolkit from ZERO TO THREE	Resources and supports	
Hiring Toolkit for Recruiting and Developing a Diverse Workforce	Provide tips, best practices, and resources to create a diversified workforce.	Toolkit from *Iowa Department of Public Health*	Relationships and connections Validation and recognition	*Job meaning and fulfillment*

Resource	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Joy in Work	Provide principles and techniques for combating burnout and increasing joy and well-being among the healthcare workforce.	Webpage from *Institute for Healthcare Improvement*	*Relationships and connections* *Flexibility and autonomy*	*Job meaning and fulfillment* Psychological well-being *Job satisfaction*
Workforce Development Framework; Workforce Development Planning and Assessment Toolkit and Facilitator's Guide	Provide three interconnected resources to guide child welfare leaders to understand best and promising workforce practices for developing and supporting a competent, committed, and diverse workforce, as well as an inclusive and welcoming workplace.	Framework, toolkit, and facilitator's guide from *National Child Welfare Workforce Institute*	Resources and supports Relationships and connections	
Developing Your Self-Care Plan	Strategies and steps for developing a self-care plan	Webpage from *University at Buffalo School of Social Work*	Job stressors and demands	Psychological well-being
Self-Care Plan	Identify strategies for self-care.	Worksheet from *Parent Possible*	Job stressors and demands	Psychological well-being
ProQOL Helper Pocket Card	List tips for self-care during the COVID-19 public health crisis.	Tip sheet from *Professional Quality of Life (ProQOL)*	Job stressors and demands	Psychological well-being

Resource	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Prevention Suggestions	Provide suggestions for intervention and prevention of professional burnout.	Tip sheet from *ProQOL*	Job stressors and demands	Psychological well-being
Online Resources on Compassion Satisfaction, Compassion Fatigue, Secondary Trauma and Vicarious Trauma	Provide resources on the costs of caring by mental health professionals.	Webpage from *ProQOL*	Job stressors and demands	Psychological well-being
Infusing Cultural and Linguistic Competence into the Recruitment and Retention of Home Visitors	Provide system-level strategies to assist awardees and local implementing agencies to infuse cultural competence into the recruitment and retention of home visitors.	Webpage from *MIECHV Technical Assistance*	Relationships and connections	
The Importance of Early Childhood Educator Mental Health and Well-Being: A Guide to Supporting Educators	Provide information, tips, and strategies for maintaining mental health and well-being.	Guide from *Educating Together*	Job stressors and demands	Psychological well-being
Early Childhood Teachers' Well-Being: What We Know and Why We Should Care	Recommendations to support teachers' well-being at the individual, program, system, and policy levels	Webpage from ZERO TO THREE	*Resources and supports* Job stressors and demands	Psychological well-being

Resource	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Taking Care of Ourselves: Booklets	Information and activities on stress management and well-being for caregivers and providers	Worksheet from *Center for Early Childhood Mental Health Consultation, Georgetown University Center for Child and Human Development*	Job stressors and demands	Psychological well-being
Managing Stress with Mindful Moments	Mindfulness strategies to use with children to help manage stress and emotions	Webpage from *Head Start Early Childhood Learning and Knowledge Center*	Job stressors and demands	Psychological well-being
Health Services Newsletter: Staff Wellness–Managing Stress	Signs of stress, strategies for managing stress and ways to incorporate staff wellness activities into classrooms	Newsletter from *Head Start Early Childhood Learning and Knowledge Center*	*Resources and supports* *Job stressors and demands*	Psychological well-being
Yes, It Is Required: Self Care	Instructions for creating a Self-Care Toolbox	Worksheet from *Oregon Health Authority*	Job stressors and demands	Psychological well-being
Vicarious Trauma Fact Sheet	List signs and symptoms of vicarious trauma, as well as effects on well-being and professional performance.	Fact sheet from *Oregon Health Authority*	Relationships and connections	Psychological well-being

Resource	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Trauma Informed Care Supervision: Questions and Ideas Table	Offer ideas and questions to promote trauma informed care in supervision.	Tip sheet from *Trauma Informed Oregon*	Relationships and connections	Psychological well-being
A Trauma Informed Workforce: An Introduction to Workforce Wellness	Provide foundational information about workforce wellness, including definitions of terms and risk and protective factors.	Fact sheet from *Trauma Informed Oregon*	Job stressors and demands	Psychological well-being
Wellness Relapse Prevention Plan	Identify coping skills and triggers and provide steps for completing a Wellness Relapse Prevention Plan.	Worksheet from *Trauma Informed Oregon*	Job stressors and demands	Psychological well-being
Self-Care Starter Kit	Provide guidance and strategies for Master of Social Work students and help professionals attend to self-care and enhance overall well-being.	Webpage from *Trauma Informed Oregon* and *University at Buffalo School of Social Work*	*Relationships and connections* *Job stressors and demands*	Psychological well-being
Self-Care Activities and Resources	List self-care activities, creative ways to connect with others virtually, and additional wellness resources.	Resource list from *Rapid Response Virtual Home Visiting*	Relationships and connections	Psychological well-being

Resource	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Secondary Traumatic Stress: A Fact Sheet for Organizations Employing Community Violence Workers	Offer information on secondary traumatic stress, including symptoms, risk factors, organization responsibility, and prevention and mitigation.	Fact sheet from *Rapid Response Virtual Home Visiting and The National Child Traumatic Stress Network*	Resources and supports Job stressors and demands Relationships and connections	Psychological well-being
Supervisor Staff Support Strategies	Identify ways to show appreciation to staff and tips to prepare for supervision and self-care strategies.	Tip sheet from *Rapid Response Virtual Home Visiting*	Resources and supports Job stressors and demands Validation and recognition	*Psychological well-being*
ProQOL Customizable Slide Set	Define aspects of compassion satisfaction and compassion fatigue and describe use of the ProQOL to identify burnout and secondary trauma.	Slide presentation from *ProQOL*	Job stressors and demands	Psychological well-being

Resource	Purpose	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Joy in Work Learning Collaborative, Key Driver Diagram	Oregon MIECHV team used findings from the workforce study to inform the Joy in Work statewide continuous quality improvement project. This resulted in the development of a key driver diagram identifying primary drivers for workforce well-being.	Key driver diagram from *Oregon MIECHV program*	Relationships and connections Validation and recognition Flexibility and autonomy	Job meaning and fulfillment Psychological well-being

Exhibit E5. Summary of Strategies

Strategy (name/title)	Purpose (goal/aim)	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Moving Forward With Mindfulness	A 6-month community of practice learning opportunity that is based on the toolkit, Getting Started with Mindfulness.	Community of practice from ZERO TO THREE		Psychological well-being
Strengthening Mindful Practice	A 6-month community of learning opportunity that is targeted specifically to the home visiting workforce in California.	Community of practice from *First 5 Association*		Psychological well-being
T.E.A.C.H. Iowa Scholarship Program	Scholarship program for family support workers that provides comprehensive scholarships to family support professionals who are willing to obtain college credits toward a higher education degree, relevant to their work in family support.	Policy from *T.E.A.C.H. and the Iowa Department of Public Health*	Resources and supports Validation and recognition	

Strategy (name/title)	Purpose (goal/aim)	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Performance and Education Yield Success	Provides education-based salary supplements to the family support workforce employed by a MIECHV-funded site in Iowa. The project is designed to increase employee retention, education, performance, and compensation. The amount received will reflect time worked during the 3-month period and successful completion of individual performance benchmarks. Eligible individuals receive between $400 and $1,600 annually.	Policy from *Iowa Department of Public Health*	Resources and supports Validation and recognition	
Episode 24: Workforce Part 4—Creating Change at the Local Level	Shares how frontline child welfare professionals empowered their staff to design solutions that improved office culture, partnerships, and outcomes for the children and families they serve.	Intervention from *Child Welfare Information Gateway*	Relationships and connections Flexibility and autonomy	

Strategy (name/title)	Purpose (goal/aim)	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Spiritual practice and meditation	Self-care model using spiritual practices and meditation to address vicarious trauma and prevent burnout	Model from *Dombo and Gray*[113]	Job stressors and demands	Psychological well-being
Design and Improvement Teams intervention	Teams of employees develop solutions to the causes of turnover identified through agency focus groups and surveys.	Intervention from *Strolin-Goltzman et al.*[114]	Relationships and connections Flexibility and autonomy	
The Neighborhood Place Model	Co-location of social services in a community-based setting to reduce job stress and turnover	Model from *Barbee et al.*[35]	Resources and supports	Psychological well-being
Safety and Health Innovation in Preschools project	Implementing policy, system, and environmental changes to improve worker health.	Policy from *Farewell et al.*[107]	Resources and supports	

Strategy (name/title)	Purpose (goal/aim)	Notable details	Relation to conceptual model	
			Drivers	Dimensions
Workforce Wellness Workshop	Building on Foundations content, this workshop unpacks the notion of parallel process in a trauma-informed system. Participants recognize the signs and symptoms of toxic stress on themselves, their teams, and organizations. In small groups, participants integrate this knowledge to create individual and organizational best practices that attend to emotional, physical, social, and professional wellness.	Workshop from *Oregon Health Authority*	Resources and supports Job stressors and demands	Psychological well-being
Mentoring Program and Clinical Consultation Program	Supervisor training and mentoring program to improve job satisfaction and organizational commitment.	Consultation from *Strand et al.*[115]		Job satisfaction

Exhibit E6. Measure Profiles

Quality of Worklife Questionnaire (QWL)	
Purpose	To measure changes in work life and the work experience across the United States over the past 25 years
Population	U.S. households participating in the General Social Survey
Domains	The 76-item tool measures nine domains: 1. Job level—41 items (e.g., workload, reward and recognition, supervisory behavior, promotions, training, role clarity, role conflict, fairness, stress management) 2. Culture/climate—11 items (e.g., safety climate, discrimination, respect, trust) 3. Health outcomes—nine items (e.g., physical health, mental health, injuries) 4. Other outcomes—seven items (e.g., performance, satisfaction, intent to leave, job commitment) 5. Hours of work—two items 6. Work and family—four items 7. Supervision—three items 8. Benefits—one item 9. Union—one item
Publication date	2002
Administration	Self-report
Administration time	Every 4 years, starting with 2002
Authors	
Publisher	National Institute for Occupational Safety and Health
Development process	Internal and external expert teams selected 76 questions related to work organization issues. Half of the questions were taken directly from the 1977 Quality of Employment Survey. The questionnaire was first administered in the fall/winter of 2002 and readministered in the fall/winter of 2006 and 2010. The 2010 questionnaire was slightly modified (four items added, one item revised, five items removed).
Technical	
Reliability	
Validity	

Quality of Worklife Questionnaire (QWL)	
References	National Institute for Occupational Safety and Health. Quality of Worklife Questionnaire. Published online 2013. https://www.cdc.gov/niosh/topics/stress/qwlquest.html#cat General Social Surveys—Quality of Working Life Module. *1972-2014: Cumulative Codebook*. 2017

Job Satisfaction Survey (JSS)	
Purpose	To assess employee attitudes about the job and aspects of the job
Population	Human service professionals
Domains	Thirty-six items that measure nine facets: 1. Pay 2. Promotion 3. Supervision 4. Fringe Benefits 5. Contingent Rewards (i.e., performance-based rewards) 6. Operating Procedures (i.e., required rules and procedures) 7. Coworkers 8. Nature of Work 9. Communication
Publication date	1985
Administration	Self-report
Administration time	
Authors	Paul Spector
Publisher	
Development process	
Technical	
Reliability	Internal consistency reliabilities (coefficient α), based on a sample of 2,870, range from .60 to .82 for subscales, and .91 for total score.
Validity	

Job Satisfaction Survey (JSS)	
References	Spector PE. Job Satisfaction Survey. Published online 1994. https://paulspector.com/assessment-files/jss/jss-english.doc

Early Childhood Professional Well-Being Questionnaire (ECPW-Q)	
Purpose	To provide a holistic assessment of the underlying factors related to the professional well-being of early childhood professionals
Population	Early childhood professionals
Domains	The 27-item tool measures nine domains: 1. Sense of comfort (emotional climate, physical comfort, appealing to senses) 2. Sense of security (physical safety, health risk, job security) 3. Sense of affinity (coworker friendship, sense of community) 4. Sense of self-respect (feeling accepted and respected) 5. Sense of communication (nonverbal communication, feeling understood, ease of communication) 6. Sense of engagement (work is challenging, exciting, enjoyable) 7. Sense of contribution (pride in work, job skill match) 8. Sense of efficacy (making a difference in children's lives, level of control) 9. Sense of agency (participation in decision making, acting in accordance with professional beliefs)
Publication date	2020
Administration	Self-report
Administration time	
Authors	Mary B. McMullen, Melissa S. C. Lee, Kate I. McCormick, Jieun Choi
Publisher	
Development process	The theoretical frame is based on Maslow's Hierarchy of Needs (Maslow, 1943) and Vygotsky's (1934/1987) interpretation of lived experience. The measure was pilot tested with a convenience sample of 218 early childhood care and education professionals to examine the relationship between early childhood professional well-being and the risk of turnover (job dissatisfaction, intent to leave position, intent to leave the field).
Technical	

Early Childhood Professional Well-Being Questionnaire (ECPW-Q)	
Reliability	Cronbach's α for this scale is .96, and factor correlations range from .81 to .87. The factors were interpreted and named, as follows: Factor 1: Supportive Structures (α = 0.825); Factor 2: Collegial Relationships (α = 0.871); and Factor 3: Professional Beliefs and Values (α = 0.789).
Validity	
References	McMullen MB, Lee MSC, McCormick KI, Choi J. Early childhood professional well-being as a predictor of the risk of turnover in child care: a matter of quality. *J Res Child Educ*. 2020;34(3). doi: 10.1080/02568543.2019.1705446

Organizational Social Context Measure	
Purpose	To measure the cultures and climates of child welfare and mental health organizations
Population	Child welfare and mental health professionals
Domains	105-item scale that measures— 1. Engagement (i.e., perceptions that workers can accomplish many worthwhile things in their work, are personally involved in their work, and are concerned about their clients) 2. Functionality (i.e., perceptions that workers receive the cooperation and help from coworkers and administrators required to do their jobs, have a clear understanding of how their responsibilities fit within the work of the organization, and have the opportunity for personal growth and professional development) 3. Stress (i.e., perceptions that workers are emotionally exhausted from their work, pulled in different directions, and unable to get necessary things done)
Publication date	2008
Administration	Self-report
Administration time	20 minutes
Authors	Charles Glisson
Publisher	
Development process	

Organizational Social Context Measure	
Technical	
Reliability	Reliability coefficients for dimensions range from .78 to .94.
Validity	
References	The University of Tennessee, Knoxville. Center for Behavioral Health Research: Organizational Social Context Measure. Accessed August 8, 2021. https://cbhr.utk.edu/osc/

Early Childhood Work Environment Survey	
Purpose	To assess the organizational climate of your early childhood program
Population	Early childhood professionals
Domains	1. Collegiality 2. Opportunities for professional growth 3. Supervisor support 4. Clarity 5. Reward system 6. Decision making influence 7. Goal consensus 8. Task orientation 9. Physical environment 10. Innovativeness
Publication date	1988
Administration	Self-report
Administration time	
Authors	Paula Jorde Bloom
Publisher	National-Louis University
Development process	
Technical	

Early Childhood Work Environment Survey	
Reliability	
Validity	
References	Jorde-Bloom P. Assess the climate of your center: use the early childhood work environment survey. *Early Child Educ J.* 1988;15:9-11. doi: 10.1007/BF02361666 New Horizons Educational Consultants and Learning Resources. Early Childhood Work Environment Survey. Accessed August 18, 2021. https://www.earlychildhoodwebinars.com/wp-content/uploads/2015/09/Early-Childhood-Work-Environment-Survey.pdf

Early Childhood Job Satisfaction Survey (ECJSS)	
Purpose	A career guidance tool that helps staff reflect on those aspects of their work that contribute most to job fulfillment
Population	Early childhood educators
Domains	The ECJSS includes 10 questions for each subscale: 1. Coworker relations 2. Supervisor relations 3. Nature of the work itself 4. Pay and opportunities for promotion 5. General working conditions
Publication date	1987
Administration	Self-report
Administration time	
Authors	Paula Jorde-Bloom
Publisher	National-Louis University. Early Childhood Professional Development Project
Development Process	
Technical	

Early Childhood Job Satisfaction Survey (ECJSS)	
Reliability	The ECJSS demonstrates adequate psychometric characteristics - subscales are reliable, measure different though somewhat interrelated facets, and reflect change when it occurs. Internal consistency (Cronbach's α) for the facet subscales ranges from .65 (the work itself) to .86 (coworker relations). Overall internal consistency for the instrument is .89.
Validity	
References	Jorde-Bloom P. Factors influencing overall job satisfaction and organizational commitment in early childhood work environments. *J Res Child Educ.* 1988;3(2):107-122. doi: 10.1080/02568548809594933 Bloom PJ. Early Childhood Job Satisfaction Survey (ECJSS). Published online 2015. Accessed August 17, 2021. https://mccormickcenter.nl.edu/library/early-childhood-job-satisfaction-survey-ecjss/

Early Childhood Job Attitude Survey (ECJAS)	
Purpose	To assess a range of early childhood teachers' job aspects that might affect teachers' actual turnover decisions
Population	Early care and education providers
Domains	Fourteen items produced a three-factor model: 1. Workplace satisfaction 2. Classroom responsibilities 3. Ongoing support
Publication date	2018
Administration	Self-report
Administration time	Less than 10 minutes
Authors	Lieny Jeon and Michael Wells
Publisher	

Early Childhood Job Attitude Survey (ECJAS)	
Development process	To develop the ECJAS, authors adapted the Perrachione et al. (2008) shortened version of the Schools and Staffing Survey, which is called the Job Satisfaction and Retention Survey. The survey focuses on K–12 teachers' job satisfaction and reasons for staying in their job to understand turnover and retention. Their questionnaire reduced the Schools and Staffing Survey from 65 items, not including several subquestions, to 25 items. Of those 25 items, the ECJAS adapted 10 items that were most applicable to early childhood teachers with slightly modified terminology to better suit the ECE environment (e.g., from "principal" to "center director"). In addition, they added six items that were related to center-based ECE settings.
Technical	
Reliability	Authors state that the ECJAS has both good reliability and factor loadings from both exploratory and confirmatory factor analysis.
Validity	
References	Jeon L, Wells MB. An organizational-level analysis of early childhood teachers' job attitudes: Workplace satisfaction affects early head start and head start teacher turnover. *Child Youth Care Forum*. 2018;47(4):563-581. doi: 10.1007/s10566-018-9444-3 Perrachione BA, Rosser VJ, Petersen GJ. Why do they stay? Elementary teachers' perceptions of job satisfaction and retention. *The Professional Educator*. 2008;32(2), 25–41.

Childcare Worker Job Stress Inventory	
Purpose	To assess job stress experienced by childcare providers in family daycare homes and childcare centers
Population	Childcare providers
Domains	1. Job demands 2. Job control 3. Job resources
Publication date	2000
Administration	Self-report
Administration time	

Childcare Worker Job Stress Inventory	
Authors	Barbara Curbow, Kai Spratt, Antoinette Ungaretti, Karen McDonnell, Steven Breckler
Publisher	
Development process	Extensive psychometric testing was conducted on results from a mail survey with 196 randomly selected family daycare providers and childcare center workers.
Technical	
Reliability	Demonstrates internal consistency
Validity	Authors state that the measure demonstrates high validity.
References	Curbow B, Spratt K, Ungaretti A, McDonnell K, Breckler S. Development of the Child Care Worker Job Stress Inventory. *Early Child Res Q*. 2000;15(4):515-536. doi: 10.1016/S0885-2006(01)00068-0

Pennsylvania Head Start Staff Wellness Survey	
Purpose	To measure the health and psychological well-being of Pennsylvania Head Start and Early Head Start staff and how their health and well-being relate to functioning at work.
Population	Pennsylvania Head Start and Early Head Start staff
Domains	The survey included questions in five domains: 1. Health (physical and mental health, health-related quality of life, healthcare access) 2. Psychological well-being 3. Perceived stress 4. Functioning at work
Publication date	2012
Administration	Self-report
Administration time	30–40 minutes
Authors	Robert C. Whitaker, Brandon D. Becker, Allison N. Herman, Rachel A. Gooze
Publisher	

Pennsylvania Head Start Staff Wellness Survey	
Development process	Survey items were modeled after the National Health Interview Survey and Behavioral Risk Factor Surveillance System to allow comparison of findings to these national surveys. The survey was pretested with 11 Head Start staff and subsequently reduced to enable completion within 30–40 minutes.
Technical	
Reliability	
Validity	
References	Whitaker RC, Becker BD, Herman AN, Gooze RA. The physical and mental health of Head Start staff: The Pennsylvania Head Start Staff Wellness Survey, 2012. *Prev Chronic Dis*. 2013;10:130171. doi: 10.5888/pcd10.130171

Professional Quality of Life Scale (ProQOL)	
Purpose	To measure the positive and negative effects of working with people who have experienced extremely stressful events
Population	Professionals who work with people who experience trauma and suffering
Domains	The 30-item tool measures two domains: 1. Compassion satisfaction 2. Compassion fatigue (burnout, secondary traumatic stress)
Publication date	2010
Administration	Self-report, individual or group setting
Administration time	
Authors	Henry E. Stamm, Craig Higson-Smith, Amy C. Hudnall, Neill F. Piland, Beth Hudnall Stamm
Publisher	
Development process	Charles Figley developed the Compassion Fatigue Self-Test in the late 1980s. Beth Stamm and Figley began collaborating in 1988. In 1993, compassion satisfaction was added to the measure, which then became the Compassion Satisfaction and Fatigue Test. After several versions, it was renamed the Professional Quality of Life Scale in the late 1990s.
Technical	

Professional Quality of Life Scale (ProQOL)	
Reliability	
Validity	The interscale correlations show 2 percent shared variance ($r = -.23$; co-σ = 5%; $n = 1{,}187$) with STS and 5% shared variance ($r = -.14$; co-σ = 2%; $n = 1{,}187$) with burnout. Although there is shared variance between burnout and secondary traumatic stress, the two scales measure different constructs with the shared variance likely reflecting the distress that is common to both conditions. The shared variance between these two scales is 34% ($r = .58$; co-σ = 34%; n = 1,187). The scales both measure negative affect but are clearly different; the burnout scale does not address fear whereas the STS scale does.
References	Stamm BH. The Concise ProQOL Manual, 2nd ed. ProQOL.org; 2010. https://img1.wsimg.com/blobby/go/dfc1e1a0-a1db-4456-9391-18746725179b/downloads/ProQOL%20Manual.pdf?ver=1622839353725. Accessed August 17, 2021.

Measure of Workplace Environment (MWE)	
Purpose	To assess tractable aspects of work environment for applied human services research
Population	Human service providers
Domains	The nine-item tool measures three domains: 1. Group cohesion (i.e., the extent to which respondents felt a shared sense of engagement in their work and camaraderie among coworkers) 2. Supportive leadership (i.e., respondents' perception of effective communication and support from leadership) 3. Organizational justice (i.e., respondents' perceptions of professional opportunities, recognition, and compensation available to them in their organization)
Publication date	2021
Administration	Self-report
Administration time	Under 5 minutes
Authors	Colleen E. Janczewski, Joshua P. Mersky, Chien Ti Plummer Lee
Publisher	

Measure of Workplace Environment (MWE)	
Development process	The MWE was derived from a slightly larger bank of 16 items that were developed from a review of climate literature and existing instruments. Preliminary item trimming was performed following an exploratory factor analysis and an exploratory analysis of the associations between items and workplace outcomes, using a subsample (*n* = 677) of the final sample.
Technical	
Reliability	Results show high internal consistency for the MWE composite (α, ω = .87, greatest lower bound (GLB) = .92,), group cohesion items (α, ω, GLB = .89), and supportive leadership items (α, ω = 0.79, GLB = .80); internal consistency among the organizational justice items was lower (α = .69, ω = .70, GLB = .72). Results indicate a high level of intra-agency agreement (mean $r_{wg(j)}$ = .91) and interagency difference. More than 20 percent of variation in staff perceptions of workplace environment was explained by participants' organizational membership (Intra class correlation (1) = .21).
Validity	The composite MWE scale was a robust correlate of all three workplace outcomes in both samples. The regression models accounted for 13 to 34 percent of variance in job satisfaction, work burnout, and intent to leave, signifying that it is possible to explain a significant proportion of workplace outcomes with a brief assessment of work environment and a few covariates.
References	Janczewski CE, Mersky JP, Lee CP. A brief measure of work environment for human service organizations. *Hum Serv Organ Manag Leadersh Gov*. 2021;45(5):479-492. doi: 10.1080/23303131.2021.1915438

Patient-Reported Outcomes Measurement Information System (PROMIS)—Global Health Scale	
Purpose	To assess an individual's general evaluation of their physical, mental, and social health
Population	Adults and children
Domains	The 10-item tool measures five domains: 1. Physical function 2. Fatigue 3. Pain 4. Emotional distress 5. Social health
Publication date	

Patient-Reported Outcomes Measurement Information System (PROMIS)—Global Health Scale	
Administration	Self-report and parent-report
Administration time	Under 10 minutes
Authors	
Publisher	
Development process	Investigators completed six phases of item development prior to field testing: (1) identify existing items, (2) classify and select items, (3) review and revise items, (4) focus group input, (5) cognitive interviews, and (6) final revision.
Technical	
Reliability	
Validity	Authors state that qualitative and quantitative data support the content validity, cross-sectional validity, clinical validity, and responsiveness to change of the PROMIS measures.
References	PROMIS Health Organization. PROMIS® Scale v1.2—Global Health. Published online 2018. Northwestern University. HealthMeasures: Transforming How Health Is Measured. PROMIS. https://www.healthmeasures.net/explore-measurement-systems/promis/measure-development-research/validation. Accessed August 17, 2021. Cella D, Riley W, Stone A, et al. Initial adult health item banks and first wave testing of the Patient-Reported Outcomes Measurement Information System (PROMIS™) network: 2005–2008. *J Clin Epidemiol*. 2010; 63(11):1179–1194. doi: 10.1016/j.jclinepi.2010.04.011

Maslach Burnout Inventory (MBI)	
Purpose	To assess various aspects of burnout
Population	Human service professionals
Domains	Twenty-two items that measure three dimensions of burnout: 1. Personal accomplishment (i.e., feelings of competence and achievement in one's work with people) 2. Emotional exhaustion (i.e., feelings of being emotionally overextended and exhausted by one's work) 3. Depersonalization (i.e., feeling an impersonal response toward recipients of one's service)
Publication date	1981
Administration	Self-report
Administration time	10–15 minutes
Authors	Christina Maslach, Susan Jackson
Publisher	
Development process	The development of the MBI was based on early research by Maslach and Jackson, who conducted interviews and surveys among various professionals. Those interviews served as a basis for three-subscale MBI.
Technical	
Reliability	Maslach and Jackson report reliability coefficients for the subscales ranging from .71 to .90.
Validity	Evidence for convergent and discriminant validity are provided in the manual.
References	Maslach C, Jackson S, Leiter M. The Maslach Burnout Inventory manual. In: Zalaquett CP, Wood RJ, eds. *Evaluating Stress: A Book of Resources*. The Scarecrow Press; 1997:191-218

Secondary Traumatic Stress Scale (STSS)	
Purpose	To assess the frequency of intrusion, avoidance, and arousal symptoms associated with secondary traumatic stress
Population	Social work practitioners
Domains	Seventeen items with three domains: 1. Intrusion 2. Avoidance 3. Arousal
Publication date	2004
Administration	Self-report
Administration time	
Authors	Brian Bride, Margaret Robinson, Bonnie Yegidis, Charles Figley
Publisher	
Development process	An initial pool of items based on the DSM-IV Criteria B (intrusion), C (avoidance), and D (arousal) for post-traumatic stress disorder was developed using the domain-sampling model described by Nunnally and Bernstein (1994). A 65-item version was pilot tested with a convenience sample of 37 direct service providers for the purpose of reducing the item pool. In the next stage of instrument development, the 50-item version was completed by 200 alumni of a school of social work located in the southeastern United States for the purpose of identifying items for inclusion in the final scale version.
Technical	
Reliability	The STSS was reported to have high levels of internal consistency reliability. Means, standard deviations, and α levels for the STSS and its subscales were as follows: Full STSS (M = 29.49, SD = 10.76, α = .93), Intrusion (M = 8.11, SD = 3.03, α = .80), Avoidance (M = 12.49, SD = 5.00, α = .87), and Arousal (M = 8.89, SD = 3.57, α = .83).
Validity	The STSS was reported to have evidence of convergent, discriminant, and factorial validity
References	Bride BE, Robinson M, Yegidis B, Figley CR. Development and validation of the Secondary Traumatic Stress Scale. *Res Soc Work Pract*. 2004;14(1):27-25.

Center for Epidemiologic Studies Depression (CESD)	
Purpose	To measure depressive symptomatology
Population	General population
Domains	Twenty items comprising six scales reflecting major facets of depression: 1. Depressed mood 2. Feelings of guilt and worthlessness 3. Feelings of helplessness and hopelessness 4. Psychomotor retardation 5. Loss of appetite 6. Sleep disturbance
Publication date	1977
Administration	Self-report
Administration time	5–10 minutes
Authors	Lenore Radloff
Publisher	
Development process	The CESD items were selected from a pool of items from previously validated depression scales (e.g., Beck, Ward, Mendelson, Mock, & Erbaugh, 1961; Dahlstrom & Welsh, 1960; Gardner, 1968; Raskin, Schulterbrandt, Reatig, & McKeon, 1969; Zung, 1965). The major components of depressive symptomatology were identified from the clinical literature and factor analytic studies. These components included depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, psychomotor retardation, loss of appetite, and sleep disturbance.
Technical	
Reliability	High internal consistency has been reported with Cronbach's α coefficients ranging from .85 to .90 across studies (Radloff, 1977).
Validity	Concurrent validity by clinical and self-report criteria, as well as substantial evidence of construct validity, has been demonstrated (Radloff, 1977).
References	Radloff LS. The CES-D scale: a self-report depression scale for research in the general population. *Appl Psychol Meas*. 1977;1(3):385-401.

Physical Health Questionnaire (PHQ)	
Purpose	To assess physical health
Population	General population
Domains	Fourteen items that measure the frequency of: 1. Sleep disturbances 2. Headaches 3. Respiratory infections 4. Gastrointestinal problems
Publication date	2005
Administration	Self-report
Administration time	
Authors	Aaron Schat, E. Kevin Kelloway, Serge Desmarais
Publisher	
Development process	The PHQ is a shortened and modified version of the health scale developed by Spence et al. (1987) in their study of the Type A behavior pattern. A revised and abbreviated (14-item) version of Spence et al.'s (1987) scale was used by Rogers and Kelloway (1997) and Schat and Kelloway (2000, 2003) in their studies of workplace aggression and violence. In their study, Rogers and Kelloway (1997) used three of the four original subscales (omitting the items pertaining to respiratory difficulties from their analyses) as indicators of a single latent variable of somatic health.
Technical	
Reliability	Taken together, our results suggest that the PHQ is a psychometrically sound instrument that can be used to measure four dimensions of somatic health: gastrointestinal problems, headaches, sleep disturbances, and respiratory illness.
Validity	Taken together, our results suggest that the PHQ is a psychometrically sound instrument that can be used to measure four dimensions of somatic health: gastrointestinal problems, headaches, sleep disturbances, and respiratory illness.
References	Schat ACH, Kelloway EK, Desmarais S. The Physical Health Questionnaire (PHQ): Construct validation of a self-report scale of somatic symptoms. *J Occup Health Psychol*. 2005;10(4):363-381. doi: 10.1037/1076-8998.10.4.363

Balancing Life Roles	
Purpose	To examine the relative time spent on major life roles and to reflect on changes that would create balance across the roles
Population	
Domains	The eight-item tool measures time spent on the following life roles: 1. Worker 2. Learner 3. Religious or spiritual participant 4. Person at leisure 5. Citizen 6. Friend 7. Spouse or partner 8. Family member
Publication date	
Administration	Self-report
Administration time	
Authors	
Publisher	University Health Service, Tang Center, University of California, Berkeley
Development process	Adapted from Bloch, D. & Richmond, L. (1998). *SoulWork: Finding the work you love, loving the work you have*. Davies-Black Publishing.
Technical	
Reliability	
Validity	
References	Bloch D, Richmond L. *SoulWork: Finding the Work You Love, Loving the Work You Have*. Davies-Black Publishing; 1998.

Work-Related Musculoskeletal Disorders Scale	
Purpose	To collect information on the presence of musculoskeletal symptoms in nine body regions (neck, shoulder, upper back, elbow, hand or wrist, lower back, thigh, knee, ankle or foot)
Population	Early intervention educators
Domains	1. Demographics 2. Prevalence of work-related musculoskeletal disorders 3. Ergonomic risk factors
Publication date	2013
Administration	Self-report
Administration time	
Authors	Hsin-Yi Kathy Cheng, Chen-Yi Cheng, Yan-Ying Ju
Publisher	
Development process	The contents of this self-administered questionnaire were constructed and modified from related literatures investigating work-related musculoskeletal disorders among healthcare professionals and childcare workers.
Technical	
Reliability	Interrater agreement was also assessed for each item. The average interrater agreement for the scale was 0.90.
Validity	For content validity, four professors specialized in the field of early intervention, rehabilitation science, and special education reviewed the list of questions and made necessary modifications. A consensus was reached by these four experts with a content validity index of 0.95.
References	Cheng HYK, Cheng CY, Ju YY. Work-related musculoskeletal disorders and ergonomic risk factors in early intervention educators. *Appl Ergon*. 2013;44(1):134-141. doi:10.1016/j.apergo.2012.06.004

References

1. Cumming T, Wong S. Towards a holistic conceptualisation of early childhood educators' work-related well-being. *Contemp Issues Early Child*. 2019;20(3):265-281. doi:10.1177/1463949118772573

2. Roberts AM, Gallagher KC, Daro AM, Iruka IU, Sarver SL. Workforce well-being: personal and workplace contributions to early educators' depression across settings. *J Appl Dev Psychol*. 2019;61:4-12. doi:10.1016/j.appdev.2017.09.007

3. Duggan A, Portilla XA, Filene JH, et al. *Implementation of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation*. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services; 2018.

4. Alitz PJ, Geary S, Birriel PC, et al. Work-related stressors among Maternal, Infant, and Early Childhood Home Visiting (MIECHV) home visitors: a qualitative study. *Matern Child Health J*. 2018;22(suppl 1):62-69. doi:10.1007/s10995-018-2536-8

5. Home Visiting Research Network. *National Home Visiting Research Agenda*. 2013. Accessed October 21, 2021. http://hvrn.org/uploads/3/2/1/0/3210553/home_visiting_research_agenda_2013_10_29_final.pdf

6. Gomby DS. The promise and limitations of home visiting: Implementing effective programs. *Child Abuse Negl*. 2007;31(8):793-799. doi:10.1016/j.chiabu.2007.07.001

7. Kwon KA, Jeon S, Jeon L, Castle S. The role of teachers' depressive symptoms in classroom quality and child developmental outcomes in Early Head Start programs. *Learn Individ Differ*. 2019;74. doi:https://doi.org/10.1016/j.lindif.2019.06.002

8. Cordes CL, Dougherty TW. A review and an integration of research on job burnout. *Acad Manage Rev*. 1993;18(4):621-656.

9. Burke RJ, Greenglass ER, Schwarzer R. Predicting teacher burnout over time: effects of work stress, social support, and self-doubts on burnout and its consequences. *Anxiety Stress Coping*. 1996;9(3):261-275.

10. McMullen MB, Lee MSC, McCormick KI, Choi J. Early childhood professional well-being as a predictor of the risk of turnover in child care: a matter of quality. *J Res Child Educ*. 2020;34(3). doi:10.1080/02568543.2019.1705446

11. Lizano EL, Hsiao HY, Barak MEM, Casper LM. Support in the workplace: buffering the deleterious effects of work–family conflict on child welfare workers' well-being and job burnout. *J Soc Serv Res*. 2014;40(2):178-188. doi:10.1080/01488376.2013.875093

12. Lizano EL, Mor Barak M. Job burnout and affective wellbeing: a longitudinal study of burnout and job satisfaction among public child welfare workers. *Child Youth Serv Rev*. 2015;55:18-28. doi:10.1016/j.childyouth.2015.05.005

13. Roberts AM, LoCasale-Crouch J, Hamre BK, Jamil FM. Preschool teachers' self-efficacy, burnout, and stress in online professional development: a mixed methods approach to

understand change. *J Early Child Teach Educ*. 2020;41(3):262-283. doi:10.1080/10901027.2019.1638851

14. Chen YY, Park J, Park A. Existence, relatedness, or growth? Examining turnover intention of public child welfare caseworkers from a human needs approach. *Child Youth Serv Rev*. 2012;34(10):2088-2093. doi:10.1016/j.childyouth.2012.07.002

15. Zinsser KM, Christensen CG, Torres L. She's supporting them; who's supporting her? Preschool center-level social-emotional supports and teacher well-being. *J Sch Psychol*. 2016;59:55-66. doi:10.1016/j.jsp.2016.09.001

16. Kwon KA, Ford TG, Salvatore AL, et al. Neglected elements of a high-quality early childhood workforce: whole teacher well-being and working conditions. *Early Child Educ J*. Published online November 10, 2020. doi:10.1007/s10643-020-01124-7

17. National Academies of Sciences, Engineering, and Medicine. *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*. The National Academies Press; 2019. doi:10.17226/25521

18. McCormick KI, McMullen MB, Lee MSC. Early childhood professional well-being as a predictor of the risk of turnover in Early Head Start & Head Start Settings. *Early Educ Dev*. Published online April 19, 2021. doi:10.1080/10409289.2021.1909915

19. World Health Organization. *Burn-out an "Occupational Phenomenon": International Classification of Diseases*. 2019. https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases

20. Maslach C, Jackson S, Leiter M. The Maslach Burnout Inventory manual. In: Zalaquett C, Wood R, eds. *Evaluating Stress: A Book of Resources*. The Scarecrow Press; 1997:191-218.

21. Begic S, Weaver JM, McDonald TW. Risk and protective factors for secondary traumatic stress and burnout among home visitors. *J Hum Behav Soc Environ*. 2019;29(1):137-159. doi:10.1080/10911359.2018.1496051

22. Kim H, Kao D. A meta-analysis of turnover intention predictors among US child welfare workers. *Child Youth Serv Rev*. 2014;47(Part 3):214-223. doi:10.1016/j.childyouth.2014.09.015

23. West AL, Berlin LJ, Harden BJ. Occupational stress and well-being among Early Head Start home visitors: a mixed methods study. *Early Child Res Q*. 2018;44:288-303. doi:10.1016/j.ecresq.2017.11.003

24. Sandstrom H, Benatar S, Peters R, et al. *Home Visiting Career Trajectories: Final Report*. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services; 2020.

25. Burrell L, Crowne S, Ojo K, et al. Mother and home visitor emotional well-being and alignment on goals for home visiting as factors for program engagement. *Matern Child Health J*. 2018;22(suppl 1):43-51. doi:10.1007/s10995-018-2535-9

26. Crowne SS, Hegseth D, Cohen C, Bultinck E, Haas M, Anderson S. Findings from the First 5 California Home Visiting Workforce Study. Accessed March 10, 2022. https://www.childtrends.org/wp-content/uploads/2021/02/F5CAReport_ChildTrends_March2021-1.pdf

27. Radcliff E, Crouch E, Browder J, Place J. Job satisfaction and skills of a home visiting workforce in South Carolina. *J Health Visit*. 2017;5(11):558-565. doi:10.12968/johv.2017.5.11.558

28. Li Y, Huang H, Chen YY. Organizational climate, job satisfaction, and turnover in voluntary child welfare workers. *Child Youth Serv Rev*. 2020;119. doi:10.1016/j.childyouth.2020.105640

29. Jeon L, Wells MB. An organizational-level analysis of early childhood teachers' job attitudes: workplace satisfaction affects early head start and head start teacher turnover. *Child Youth Care Forum*. 2018;47(4):563-581. doi:10.1007/s10566-018-9444-3

30. Buchbinder S B, Duggan AK, Young E, Fuddy L, Sia C.. Home visitor job satisfaction and turnover. In: Liberton C, Kutash K, Friedman RM, eds. *10th Annual Research Conference Proceedings: A System of Care for Children's Mental Health, Expanding the Research Base*. Tampa: University of South Florida, Research and Training Center for Children's Mental Health; 1998.

31. Rentrope CR. Healing Network Nights. Center on Trauma and Adversity. Jack, Joseph and Morton Mandel School of Applied Social Sciences. Case Western University. Published online 2019. Accessed February 10, 2022. https://case.edu/socialwork/traumacenter/sites/case.edu.traumacenter/files/2019-04/Healing%20Network%20Night%20Jan%2024%20Handout.pdf

32. Salloum A, Choi MJ, Stover CS. Exploratory study on the role of trauma-informed self-care on child welfare workers' mental health. *Child Youth Serv Rev*. 2019;101:299-306. doi:10.1016/j.childyouth.2019.04.013

33. Armes SE, Lee JJ, Bride BE, Seponski DM. Secondary trauma and impairment in clinical social workers. *Child Abuse Negl*. 2020;110(pt 3):104540. doi:10.1016/j.chiabu.2020.104540

34. Middleton JS, Potter CC. Relationship between vicarious traumatization and turnover among child welfare professionals. *J Public Child Welf*. 2015;9(2):195-216. doi:10.1080/15548732.2015.1021987

35. Barbee A, Rice C, Antle BF, Henry K, Cunningham MR. Factors affecting turnover rates of public child welfare front line workers: comparing cohorts of Title IV-E program graduates with regularly hired and trained staff. *J Public Child Welf*. 2018;12(3):354-379. doi:10.1080/15548732.2018.1457589

36. Franko M, Schaack D, Roberts A, et al. *The Region X Home Visiting Workforce Study*. Butler Institute for Families, Graduate School of Social Work, University of Denver; 2019.

37. Whitaker RC, Becker BD, Herman AN, Gooze RA. The physical and mental health of Head Start staff: The Pennsylvania Head Start Staff Wellness Survey, 2012. *Prev Chronic Dis*. 2013;10:130171. doi:10.5888/pcd10.130171

38. Berlin LJ, Shdaimah CS, Goodman A, Slopen N. "I'm literally drowning": a mixed-methods exploration of infant-toddler child care providers' wellbeing. *Early Educ Dev*. 2020;31(7):1071-1088. doi:10.1080/10409289.2020.1766915

39. Becker BD, Patterson F, Fagan JS, Whitaker RC. Mindfulness among home visitors in Head Start and the quality of their working alliance with parents. *J Child Fam Stud*. 2016;25(6):1969-1979. doi:10.1007/s10826-015-0352-y

40. Burrell L, McFarlane E, Tandon D, Fuddy L, Duggan A, Leaf P. Home visitor relationship security: association with perceptions of work, satisfaction, and turnover. *J Hum Behav Soc Environ*. 2009;19(5):592-610. doi:10.1080/10911350902929005

41. Shim M. Factors influencing child welfare employee's turnover: focusing on organizational culture and climate. *Child Youth Serv Rev*. 2010;32(6):847-856. doi:10.1016/j.childyouth.2010.02.004

42. Shim M. Do organisational culture and climate really matter for employee turnover in child welfare agencies? *Br J Soc Work*. 2014;44(3):542-558. doi:10.1093/bjsw/bcs162

43. Fernandes GM. Organizational climate and child welfare workers' degree of intent to leave the job: evidence from New York. *Child Youth Serv Rev*. 2016;60:80-87. doi:10.1016/j.childyouth.2015.11.010

44. Lee E, Esaki N, Kim J, Greene R, Kirkland K, Mitchell-Herzfeld S. Organizational climate and burnout among home visitors: testing mediating effects of empowerment. *Child Youth Serv Rev*. 2013;35(4):594-602. doi:10.1016/j.childyouth.2013.01.011

45. Rittschof KR, Fortunato VJ. The influence of transformational leadership and job burnout on child protective services case managers' commitment and intent to quit. *J Soc Serv Res*. 2016;42(3):372-385. doi:10.1080/01488376.2015.1101047

46. Griffiths A, Royse D. Unheard voices: why former child welfare workers left their positions. *J Public Child Welf*. 2017;11(1):73-90. doi:10.1080/15548732.2016.1232210

47. de Guzman A, Carver-Roberts T, Leake R, Rienks S. Retention of child welfare workers: Staying strategies and supports. *J Public Child Welf*. 2020;14(1):60-79. doi:10.1080/15548732.2019.1683121

48. Boyas J, Wind LH. Employment-based social capital, job stress, and employee burnout: A public child welfare employee structural model. *Child Youth Serv Rev*. 2010;32(3):380-388. doi:10.1016/j.childyouth.2009.10.009

49. Boyas JF, Wind LH, Ruiz E. Organizational tenure among child welfare workers, burnout, stress, and intent to leave: does employment-based social capital make a difference? *Child Youth Serv Rev*. 2013;35(10):1657-1669. doi:10.1016/j.childyouth.2013.07.008

50. Lizano EL, Mor Barak ME. Workplace demands and resources as antecedents of job burnout among public child welfare workers: a longitudinal study. *Child Youth Serv Rev*. 2012;34(9):1769-1776. doi:10.1016/j.childyouth.2012.02.006

51. Herschell AD, Kolko DJ, Hart JA, Brabson LA, Gavin JG. Mixed method study of workforce turnover and evidence-based treatment implementation in community behavioral health care settings. *Child Abuse Negl*. 2020;102:104419. doi:10.1016/j.chiabu.2020.104419

52. Lee A, Kim H, Faulkner M, Gerstenblatt P, Travis DJ. Work engagement among child-care providers: an application of the job demands–resources model. *Child Youth Care Forum*. 2019;48(1):77-91. doi:10.1007/s10566-018-9473-y

53. Hopkins KM, Cohen-Callow A, Kim HJ, Hwang J. Beyond intent to leave: Using multiple outcome measures for assessing turnover in child welfare. *Child Youth Serv Rev*. 2010;32(10):1380-1387. doi:10.1016/j.childyouth.2010.06.006

54. Griffiths A, Royse D, Flaherty C, Collins-Camargo C. Perceptions of workload and job impact as predictors of child welfare worker health status. *Child Welfare*. 2020;98(3):97-120.

55. Auerbach C, McGowan BG, Ausberger A, Strolin-Goltzman J, Schudrich W. Differential factors influencing public and voluntary child welfare workers' intention to leave. *Child Youth Serv Rev*. 2010;32(10):1396-1402. doi:10.1016/j.childyouth.2010.06.008

56. Johnco C, Salloum A, Olson KR, Edwards LM. Child welfare workers' perspectives on contributing factors to retention and turnover: recommendations for improvement. *Child Youth Serv Rev*. 2014;47(pt 3):397-407. doi:10.1016/j.childyouth.2014.10.016

57. Sedivy JA, Rienks S, Leake R, He AS. Expanding our understanding of the role of peer support in child welfare workforce retention. *J Public Child Welf*. 2020;14(1):80-100. doi:10.1080/15548732.2019.1658020

58. Nathans L, Gill S, Molloy S, Greenberg M. Home visitor readiness, job support, and job satisfaction across three home visitation programs: a retrospective analysis. *Child Youth Serv Rev*. 2019;106. doi:10.1016/j.childyouth.2019.104388

59. Gallen RT, Ash J, Smith C, Franco A, Willford JA. How do I know that my supervision is reflective? Identifying factors and validity of the reflective supervision rating scale. *Zero Three*. 2016;37(2):30-37.

60. Hornby Zeller Associates, Inc. *West Virginia Home Visitation Program Evaluation of Professional Development and Community Collaboration*; 2014.

61. Shea SE, Jester JM, Huth-Bocks AC, Weatherston DJ, Muzik M, Rosenblum KL. Infant mental health home visiting therapists' reflective supervision self-efficacy in community practice settings. *Infant Ment Health J*. 2020;41(2):191-205. doi:10.1002/imhj.21834

62. Prost SG, Middleton JS. Professional quality of life and intent to leave the workforce: Gender disparities in child welfare. *Child Abuse Negl*. 2020;110(pt 3):104535. doi:10.1016/j.chiabu.2020.104535

63. Grant AA, Jeon L, Buettner CK. Relating early childhood teachers' working conditions and well-being to their turnover intentions. *Educ Psychol*. 2019;39(3):294-312. doi:10.1080/01443410.2018.1543856

64. Stewart MT, Reed S, Reese J, Galligan MM, Mahan JD. Conceptual models for understanding physician burnout, professional fulfillment, and well-being. *Curr Probl Pediatr Adolesc Health Care*. 2019;49(11):100658. doi:10.1016/j.cppeds.2019.100658

65. Chari R, Chang CC, Sauter SL, et al. Expanding the paradigm of occupational safety and health: a new framework for worker well-being. *J Occup Environ Med*. 2018;60(7):589-593. doi:10.1097/JOM.0000000000001330

66. Kwon KA, Ford TG, Jeon L, et al. Testing a holistic conceptual framework for early childhood teacher well-being. *J Sch Psychol*. 2021;86:178-197. doi:10.1016/j.jsp.2021.03.006

67. Hall-Kenyon KM, Bullough RV, MacKay KL, Marshall EE. Preschool teacher well-being: a review of the literature. *Early Child Educ J*. 2014;42(3):153-162. doi:10.1007/s10643-013-0595-4

68. Schulte PA, Guerin RJ, Schill AL, et al. Considerations for incorporating “well-being” in public policy for workers and workplaces. *Am J Public Health*. 2015;105(8):e31-e44. doi:10.2105/AJPH.2015.302616

69. Van den Broeck A, Van Ruysseveldt J, Vanbelle E, De Witte H. The job demands–resources model: overview and suggestions for future research. In: Bakker AB, ed. *Advances in Positive Organizational Psychology*. Vol 1. Emerald Group Publishing Limited; 2013:83-105. doi:10.1108/S2046-410X(2013)0000001007

70. Houlfort N, L. Philippe F, J. Vallerand R, Ménard J. On passion and heavy work investment: personal and organizational outcomes. *J Manag Psychol*. 2014;29(1):25-45. doi:10.1108/JMP-06-2013-0155

71. Plagge AD. *Driving Forces: Understanding the Intersection of Passion and Motivation on Home Visitor Retention*. Doctor of Philosophy. Iowa State University; 2021. doi:10.31274/etd-20210609-150

72. Marincola Smith P, Terhune KP. Meaning/purpose in work. In: Kim E, Lindeman B, eds. *Wellbeing*. Success in Academic Surgery. Springer Nature; 2020.

73. Korfmacher J, Laszewski A, Sparr M, Hammel J. *Assessing Home Visiting Program Quality: A Final Report to Pew Center on the States*. Pew Charitable Trusts; 2012.

74. Daro D. *Replicating Evidence-Based Home Visiting Models: A Framework for Assessing Fidelity*. Mathematic Policy Research & Chapin Hall; 2010.

75. Brown RF, Sharma MS. Learning and Practice Environment. In: Kim E, Lindeman B, eds. *Wellbeing*. Success in Academic Surgery. Springer Nature; 2020.

76. Kaplan S, DeShon RP, Tetrick LE. The bigger picture of employee well-being: its role for individuals, families and societies. Society for Human Resource Management and Society for Industrial and Organizational Psychology. Accessed January 15, 2022. https://www.shrm.org/hr-today/trends-and-forecasting/special-reports-and-expert-views/Documents/2017%2002_SHRM-SIOP%20Employee%20Well-being.pdf

77. Mena KC, Bailey JD. The effects of the supervisory working alliance on worker outcomes. *J Soc Serv Res*. 2007;34(1):55-65. doi:10.1300/J079v34n01_05

78. McLean C, Austin LJE, Whitebook M, Olson KL. *Early Childhood Workforce Index - 2020*. University of California, Berkeley; 2020. https://cscce.berkeley.edu/workforce-index-2020/report-pdf/

79. Brafford A. Well-being toolkit for lawyers and legal employers. Published online August 2018. Accessed March 10, 2022. https://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/ls_colap_well-being_toolkit_for_lawyers_legal_employers.pdf

80. Grow HM, McPhillips HA, Batra M. Understanding physician burnout. *Curr Probl Pediatr Adolesc Health Care*. 2019;49(11):100656. doi:10.1016/j.cppeds.2019.100656

81. Cappella E, Godfrey EB. New perspectives on the child- and youth-serving workforce in low-resource communities: Fostering best practices and professional development. *Am J Community Psychol*. 2019;63(3-4):245-252. doi:10.1002/ajcp.12337

82. Kruskal JB, Shanafelt T, Eby P, et al. A road map to foster wellness and engagement in our workplace—a report of the 2018 Summer Intersociety Meeting. *J Am Coll Radiol*. 2019;16(6):869-877. doi:10.1016/j.jacr.2018.10.025

83. Kim E, Lindeman B, eds. *Wellbeing*. Springer Nature; 2020. doi:10.1007/978-3-030-29470-0

84. Gogo A, Osta A, McClafferty H, Rana DT. Cultivating a way of being and doing: Individual strategies for physician well-being and resilience. *Curr Probl Pediatr Adolesc Health Care*. 2019;49(12):100663. doi:10.1016/j.cppeds.2019.100663

85. Smith S, Lawrence S. *Early Care and Education Teacher Well-Being: Associations With Children's Experience, Outcomes, and Workplace Conditions: A Research-to-Policy Brief*. Child Care & Early Education Research Connections; 2019. https://www.researchconnections.org/sites/default/files/pdf/rc36842.pdf

86. Madill R, Halle T, Gebhart T, Shuey E. *Supporting the Psychological Well-Being of the Early Care and Education Workforce: Findings from the National Survey of Early Care and Education*. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services; 2018:43.

87. Allen L, Kelly BB, eds. *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. Institute of Medicine and National Research Council. The National Academies Press; 2015.

88. Mäkikangas A, Feldt T, Kinnunen U, Mauno S. Does personality matter? A review of individual differences in occupational well-being. In: Bakker AB, ed. *Advances in Positive Organizational Psychology*. Vol 1. Emerald Group Publishing Limited; 2013:107-143. doi:10.1108/S2046-410X(2013)0000001008

89. Jinnett K. *Connecting Wellbeing to Business Performance: An Integrated Approach*. Integrated Benefits Institute; 2016.

90. Home Visiting Applied Research Collaborative. The precision paradigm. Published online (n.d.). https://www.hvresearch.org/the-precision-paradigm/

91. Strolin-Goltzman J, Lawrence C, Auerbach C, et al. Design Teams: A promising organizational intervention for improving turnover rates in the child welfare workforce. *Child Welfare*. 2010;88(5):149-168.

92. National Institute for Occupational Safety and Health. Quality of Worklife Questionnaire. Published online 2013. https://www.cdc.gov/niosh/topics/stress/qwlquest.html#cat

93. Janczewski CE, Mersky JP, Lee CP. A brief measure of work environment for human service organizations. *Hum Serv Organ Manag Leadersh Gov*. 2021;45(5):479-492. doi:10.1080/23303131.2021.1915438

94. Spector PE. Job Satisfaction Survey. Published online 1994. https://paulspector.com/assessment-files/jss/jss-english.doc

95. Organizational Social Context Measure. Center for Behavioral Health Research. Accessed January 21, 2022. https://cbhr.utk.edu/osc/

96. Jorde-Bloom P. Assess the climate of your center: use the early childhood work environment survey. *Early Child Educ J*. 1988;15:9-11. doi:10.1007/BF02361666

97. Bloom PJ. Early Childhood Job Satisfaction Survey (ECJSS). Published online 2015. https://mccormickcenter.nl.edu/library/early-childhood-job-satisfaction-survey-ecjss/

98. Curbow B, Spratt K, Ungaretti A, McDonnell K, Breckler S. Development of the child care worker job stress inventory. *Early Child Res Q*. 2000;15(4):515-536. doi:10.1016/S0885-2006(01)00068-0

99. Stamm BH. *The Concise ProQOL Manual,* 2nd ed. Published online 2010. https://proqol.org/

100. PROMIS Health Organization. PROMIS® Scale v1.2 – Global Health. Published online 2018.

101. Bride BE, Robinson M, Yegidis B, Figley CR. Development and validation of the Secondary Traumatic Stress Scale. *Res Soc Work Pract*. 2004;14(1):27-25.

102. Radloff LS. The CES-D scale: a self-report depression scale for research in the general population. *Appl Psychol Meas*. 1977;1(3):385-401.

103. Saakvitne KW, Pearlman LA. *Transforming the Pain: A Workbook on Vicarious Traumatization*. W. W. Norton & Company; 1996.

104. Schat ACH, Kelloway EK, Desmarais S. The Physical Health Questionnaire (PHQ): Construct validation of a self-report scale of somatic symptoms. *J Occup Health Psychol*. 2005;10(4):363-381. doi:10.1037/1076-8998.10.4.363

105. Bloch D, Richmond L. *SoulWork: Finding the Work You Love, Loving the Work You Have*. Davies-Black Publishing; 1998.

106. Cheng HYK, Cheng CY, Ju YY. Work-related musculoskeletal disorders and ergonomic risk factors in early intervention educators. *Appl Ergon*. 2013;44(1):134-141. doi:10.1016/j.apergo.2012.06.004

107. Farewell CV, Powers J, Puma J. Safety and health innovation in preschools: A total worker health pilot project. *J Occup Environ Med*. 2020;62(5):e192-e199. doi:10.1097/JOM.0000000000001848

108. Stewart MT, Reed S, Reese J, Galligan MM, Mahan JD. Conceptual models for understanding physician burnout, professional fulfillment, and well-being. *Curr Probl Pediatr Adolesc Health Care*. 2019;49(11):100658. doi:10.1016/j.cppeds.2019.100658

109. Chari R, Chang CC, Sauter SL, et al. Expanding the paradigm of occupational safety and health: a new framework for worker well-being. *J Occup Environ Med*. 2018;60(7):589-593. doi:10.1097/JOM.0000000000001330

110. Kwon K, Ford T, Jeon L, et al. Whole teacher well-being: testing a holistic conceptual framework for early childhood teacher well-being and working conditions. *J Sch Psychol*. 2021;86:178-197. doi:10.1016/j.jsp.2021.03.006

111. Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being, National Academy of Medicine, National Academies of Sciences, Engineering, and

Medicine. *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*. National Academies Press; 2019:25521. doi:10.17226/25521

112. Trowbridge K, Mische Lawson L, Andrews S, Pecora J, Boyd S. Preliminary investigation of workplace-provided compressed mindfulness-based stress reduction with pediatric medical social workers. *Health Soc Work*. 2017;42(4):207-214. doi:10.1093/hsw/hlx038

113. Dombo EA, Gray C. Engaging spirituality in addressing vicarious trauma in clinical social workers: a self-care model. *Soc Work Christ*. 2013;40(1):89-104.

114. Strolin-Goltzman J. Improving turnover in public child welfare: outcomes from an organizational intervention. *Child Youth Serv Rev*. 2010;32(10):1388-1395. doi:10.1016/j.childyouth.2010.06.007

115. Strand VC, Spath R, Bosco-Ruggiero S. So you have a stable child welfare workforce—what's next? *Child Youth Serv Rev*. 2010;32(3):338-345. doi:10.1016/j.childyouth.2009.10.002