Workplace Congruence and Occupational Outcomes among Social Service Workers

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Abstract

Workplace expectations reflect an important consideration in employee experience. A higher prevalence of workplace congruence between worker and employer expectations has been associated with higher levels of productivity and overall workplace satisfaction across multiple occupational groups. Little research has investigated the relationship between workplace congruence and occupational health outcomes among social service workers. This study sought to better understand the extent to which occupational congruence contributes to occupational outcomes by surveying unionised social service workers ($n = 674$) employed with the Government of Alberta, Canada. Multiple regression analysis shows that greater congruence between workplace and worker expectations around workloads, workplace values and the quality of the work environment significantly: (i) decreases symptoms related to distress and secondary traumatic stress; (ii) decreases intentions to leave; and (iii) increases overall life satisfaction. The findings provide some evidence of areas within the workplace of large government run social welfare programmes that can be better aligned to worker expectations to improve occupational outcomes among social service workers.

Keywords: Occupational health, well-being, social work, social services, stress, organisation, workplace

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Introduction

Many researchers emphasise the inherently stressful nature of social work and allied social service professions (Lloyd *et al.*, 2002). Social service workers are frequently faced with exceedingly high caseloads (Ducharme *et al.*, 2008), and they may have limited flexibility in decision making, or they may have a lack of autonomy within their work role (Travis, 2006). Social service workers can experience conflicting demands between client needs and government policy (Travis, 2006), they may have poor social support within the workplace (Allen *et al.*, 2004; Dollard *et al.*, 2000) and they may experience violence and unsafe working environments (Shields and Kiser, 2003). As a result, social service workers may feel constrained in providing the best care for their clients (Travis, 2006), and may thus feel dissatisfied, overwhelmed and stressed with their jobs (Mor Barak *et al.*, 2001).

Despite these multiple impositions on social service workers, there is limited literature proposing and testing workplace factors that support positive occupational outcomes. One emerging area and the focus of this study is the potentially buffering effect of congruence between workplace and worker expectations (Graham and Shier, 2013). Workplace congruence refers to the level of 'fit' between a worker and their workplace (Haley and Sidanius, 2005).

This paper reports a cross-sectional cohort study in a large Canadian region of government employees. It examines outcomes related to the congruence of social service worker expectations and their experience in the workplace. The following research questions were addressed: to what extent are occupational outcomes such as psychological distress, secondary traumatic stress, intention to leave and life satisfaction predicted by congruence between worker and workplace expectations around key work-related factors like workload, work environment and workplace values, among others?

Literature review

Negative occupational outcomes (such as psychological distress, secondary traumatic stress, turnover and decreased levels of overall life satisfaction) among social service workers seem to be eminently related to the work environment and the nature of work-related tasks and roles. For instance, some studies concentrate on the role played by level of education and training (Jack and Donnellan, 2010), managerial support, size of caseload (Bride, 2007) or compensation and salary levels (Ng, 2010). Others have concentrated on the impact of direct work with service users on burnout and experiences of vicarious trauma (Adams, 2001; Bell *et al.*, 2003). Dollard *et al.* (2000) found evidence that social service jobs combining high control and high demands provide workers with the greatest sense of productivity

and competence. Similarly, Travis (2006) found that through the use of empowering management practices within social services (e.g. creating connections and developing worker potential), workers' intrinsic and extrinsic job satisfaction can be increased, as well as their personal responsibility, and service quality perceptions. Further, both Allen *et al.* (2004) and Snyder (2009) found support for the importance of a supportive work environment to increase job satisfaction. This relationship between psychosocial health and work has similarly been identified in larger, and even national, studies on occupational well-being (see, e.g. Burgard and Lin, 2013; Väänänen *et al.*, 2012).

Occupational outcomes

Key indicators of occupational well-being include (but are not limited to) psychological distress, secondary traumatic stress, intentions to leave and overall life satisfaction. Symptoms of psychological distress are understood to emerge within the workplace as an outcome of stress (see, e.g. Cox *et al.*, 2010; Stanley *et al.*, 2007). The phenomenon of stress is the result of both the physiological and emotional reactions that an individual has in response to demands, situations or circumstances that disrupt their equilibrium (Lloyd *et al.*, 2002). Examples of stressors include low role clarity, workload, critical incidents (e.g. assaults), working environment and lack of adequate supports (Mancini and Lawson, 2009; Rai, 2010). Prolonged experiences of stress can lead to chronic stress, in which psychological distress can be a particularly serious characteristic, impacting the social service worker's effectiveness (Ducharme *et al.*, 2008; Putnik *et al.*, 2011).

A further workplace outcome to consider is secondary traumatic stress. Within the literature, secondary traumatic stress has been identified as a unique phenomenon occurring to helping professionals. Also known as vicarious trauma, it results from a worker's empathetic and secondary engagement with clients' traumatic experiences, and can include symptoms of post-traumatic stress such as flashbacks and dissociation, while varying in intensity, duration, impairment and severity (Bell *et al.*, 2003). Researchers believe it is important to distinguish between the concepts of burnout and secondary traumatic stress because burnout does not accurately represent all aspects of the secondary traumatic experience (Bell *et al.*, 2003). Secondary traumatic stress is a common phenomenon within the helping professions (Bride, 2007) and, in many cases, secondary exposure to clients' traumatic material is unavoidable. Within the literature, organisational-level supports, such as supportive management/supervision, are identified as key factors helping to alleviate or minimise this type of worker trauma (Badger *et al.*, 2008; Perron and Hiltz, 2006).

Similarly to psychological distress, work-related stress can also be manifested in sentiments among workers to leave their present positions

(or even the occupation entirely). An individual worker's intention to leave her/his job can have negative long-term implications for service user populations, especially if relationships have been developed between the service user and service provider (Strolin-Goltzman *et al.*, 2010). Likewise, an individual who intends to leave their place of employment but stays for reasons such as a lack of other employment opportunities or inadequate pay elsewhere can have negative effects on the quality of work that is provided (Hopkins *et al.*, 2010). Several workplace factors have been associated with behaviour related to an individual's intention to leave (such as job and work withdrawal). These include the nature of supervisory support, organisational culture and organisational size, among others (Hopkins *et al.*, 2010).

Life satisfaction is another key component that can be impacted by workplace conditions. Overall life satisfaction refers to the perceptions individuals have with the overall quality of their life. A decrease in life satisfaction can be equally as problematic as other negative workplace outcomes, such as psychological distress and secondary traumatic stress. Many people working in the social services find it virtually impossible to completely sever themselves from their family and domestic affairs when they go to work, and then completely leave work behind at the end of the day when it is time to return home (Graham and Shier, 2010). As a result, the workplace can negatively affect overall life satisfaction, which then can lead to problems within the workplace, namely in meeting goals and fulfilling workplace roles. Identified key workplace factors that can reduce overall life satisfaction are exposure to violence (or other dangers), role ambiguity and work overload (Pasupuleti *et al.*, 2009).

Workplace congruence

In their review of the literature, Haley and Sidanius (2005) argue that previous research on workplace 'fit' tends to focus on the match between the values of a worker with those of the workplace. Workplace values include worker perspectives on financial gain, personality traits and work-related ethical principles about management, style of working and leadership, among others (Haley and Sidanius, 2005). Research on workplace congruence has primarily been developed following Holland's (1985) *theory of career choice* which suggests that specific personality traits predict greater success in certain job types or fields of employment (see also Daniels and de Jonge, 2010). This finding has been characteristic of individuals pursuing careers in the helping professions. For instance, individuals that pursue careers in the helping professions are intrinsically motivated and adhere to a particular set of self-concepts and perspectives, such as a desire to provide treatment and advocate for marginal members of society (Stevens *et al.*, 2012).

Earlier research conducted by Tziner and Falbe (1990) found that a greater congruence between workers and workplaces around perceived values of

achievement contributed to higher rates of organisational commitment and performance (Haley and Sidanius, 2005). Similarly, by promoting congruence within the workplace with worker expectations, organisations can enhance productivity and profitability (Miles and Perrewe, 2011). Creating congruence between workers and workplaces can be beneficial to organisations offering social services. For instance, Ren (2010) suggests that aligning the values of workers with their organisations can bolster the attainment of organisational goals. This research has demonstrated a strong link between organisational-level outcomes (such as performance and goal alignment) with higher levels of worker and workplace value congruence. However, only preliminary qualitative research has investigated the link between workplace congruence and social service worker occupational outcomes (see, e.g. Graham and Shier, 2013; Walk et al., 2013). For instance, previous research has found that, among social service workers, a match between workplace expectations can also contribute to job satisfaction (Walk et al., 2013) and overall worker well-being (Graham and Shier, 2013).

These points have been evidenced in a variety of occupational categories. As an example, Lachterman and Meir (2004) found that work-setting congruence significantly contributed to worker well-being across a range of occupational groups. In a study addressing newly employed nurses, Laschinger and Grau (2012) found that multiple dimensions of workplace congruence had a significant impact on physical and mental health outcomes, along with symptoms related to burnout. Similarly, organisational culture was found to contribute to occupational health-related outcomes, generally among workers (Marchand et al., 2013), as did congruence in expectations around worker and workplace expectations of task fulfilment roles (Slocombe and Bluedorn, 1999). Also, according to Karasek and Theorell's (1990) job demand–control model, highly demanding jobs with little perceived control can result in negative occupational outcomes among workers.

In summary, this research highlights several work-related factors that can contribute to both positive and negative occupational outcomes among social service workers. It posits that workers are evaluating multiple aspects of their workplace, and not just workplace quality and values. As an emerging tenet within this literature, workplace congruence has emerged as central and appears to entail associated aspects that should be considered when aiming to alleviate some of the negative work-related outcomes that social service workers experience.

These two streams (i.e. occupational health/outcomes and workplace congruence) of literature support two important conclusions. The first is that several work-related factors can both positively and negatively impact occupational outcomes among social service (and other) workers. The second is that negative occupational outcomes (such as psychological distress or intention to leave) appear to emerge in situations in which there is less congruence between worker and workplace expectations around key work-related areas like values, workload and work environment, among others.

Based on this literature, a fundamental assumption of the current study was that there is a link between workplace factors and occupational outcomes among social service workers. It was hypothesised that greater congruence in key work areas among social service workers would likewise result in lower levels of psychological distress and secondary traumatic stress, decreased intentions to leave and increased life satisfaction.

Methods

The research followed a cross-sectional design. A questionnaire was compiled by the authors which consisted of several standardised scales measuring occupational outcomes and workplace congruence factors along with demographic variables to be used as controls in the analysis. Data were collected in 2012. The research received ethics approval from the University of Calgary's Research Ethics Board.

Sampling and recruitment

The target population included all members of the labour union that worked in social service positions in Alberta, Canada. The entire population of social service employee union members was surveyed ($N = 2,773$), including those on leave ($N = 277$, or approximately 10 per cent of the sample frame) from the workplace to capture fully the spectrum of experiences with these varied occupational health outcomes. However, including those on leave may be considered a limitation when interpreting these findings. For instance, it could be argued that those currently on leave have different experiences with workplace congruence than those that are currently working.

There were 674 respondents (24.3 per cent response rate). Because of the lower response rate, the study findings cannot be generalised to the population of human service workers in Alberta, Canada. Respondents were employed in child welfare ($n = 488$, 72.4 per cent), the public guardian's office ($n = 11$, 1.6 per cent), support services for developmentally delayed adults ($n = 42$, 6.2 per cent), psychological services ($n = 12$, 1.8 per cent) and income security programmes ($n = 74$, 11.0 per cent), among others ($n = 47$, 7.0 per cent).

Data collection

Data were collected by using an online survey platform. In collaboration with our community partner (i.e. the union representing the research participants), we followed an adapted version of the [Dillman \(2000\)](#) methodology to increase the response rate.

Measures

Psychological distress: Brief Symptom Inventory (BSI-18)

To identify issues of mental health affecting the well-being of social service workers, the Brief Symptom Inventory (BSI-18), a subscale of the SCL-90-R, was utilised (Derogatis, 2000). The measure concentrates on three dimensions of psychological distress: somatisation, depression and anxiety (Derogatis, 2000). The items for each are scored as a total score by adding up the number associated with the corresponding response. For this analysis, we utilised a total score on the scale, which measures general psychological distress (i.e. Global Severity Index, GSI). Raw scores range from 0 to 72, and positive cases are defined by a raw score of 20 or higher (Derogatis, 2000).

The validity and reliability of the scale have been assessed among clinical and non-clinical samples (Petkus *et al.*, 2010). In this study, the internal consistency coefficients for the three dimensions ranged from 0.80 to 0.90 and was 0.93 for the total scale.

Secondary traumatic stress: Secondary Traumatic Stress Scale (STSS)

The Secondary Traumatic Stress Scale (STSS) was designed to assess the frequency of intrusion, avoidance and arousal symptoms associated with secondary traumatic stress (Bride *et al.*, 2004). The scale comprises seventeen items measuring the frequency with which respondents experienced a particular work-related effect within the last seven days. Items are measured on a five-point scale ranging in scores from 0 (not at all) to 4 (very frequently). Scores above 3 represent high levels of symptoms associated with secondary traumatic stress (Bride *et al.*, 2004). The scale has been used with a diverse population of social service workers (Townsend and Campbell, 2009). Through a process of exploratory principal factor analysis, we found that only two dimensions were apparent when applied to this study sample: Emotional Intrusion and Disengagement. These two dimensions showed sufficient internal consistency reliability (0.89 for both subscales) along with a higher-order factor structure for the construct of secondary traumatic stress (comprising fifteen of the original seventeen items). As a result of the presence of the higher-order factor structure, the total score was utilised in this analysis.

Intention to leave

The scale utilised to measure intention to leave was adapted by Kline and Graham (2009) from a seven-item measure composed of items from two scales (see McCloskey and McCain, 1987; Mueller *et al.*, 1992) that were initially developed with a sample of nurses and other health professionals. It was

adapted by [Kline and Graham \(2009\)](#) for social workers as a study group. We administered a shortened version of the scale comprising three items. The three items invited participants to: (i) rate the likelihood that they would be working at their current job a year from the date of the survey; (ii) rate their intention to leave the job in the near future; and (iii) rate their plans for staying with the organisation. Scores above indicate a high intention to leave their current position. We conducted an exploratory principal factor analysis of this shortened scale. Each of the items loaded sufficiently on a single factor. The Cronbach's alpha coefficient was 0.82.

Satisfaction with life: Satisfaction with Life Scale (SWLS)

The Satisfaction with Life Scale (SWLS) is a measure of general life satisfaction ([Diener et al., 1985](#)). The measure includes five items measured on a 1–7 Likert-type scale ranging from strongly disagree to strongly agree. Scores between 5 and 7 indicate a high level of life satisfaction, whereas scores between 4 and 5 indicate an average level of life satisfaction ([Diener et al., 1985](#)). The items on the scale seek to get a subjective judgement from respondents of their overall life satisfaction ([Diener et al., 1985](#)). Some examples of items include 'In most ways my life is close to my ideal' and 'The conditions of my life are excellent'. In this study, the internal consistency of the five items was 0.91. We conducted a confirmatory factor analysis of this scale with this study sample. Each of the items loaded sufficiently on a single factor.

Workplace congruence

The Areas of Worklife Survey (AWS) was utilised ([Leiter and Maslach, 2000](#)) to measure workplace congruence. This scale assesses employees' perception of qualities of work settings that are a match with their own expectations. The AWS is a twenty-nine-item multidimensional scale using a five-point Likert-type response, ranging from strongly disagree to strongly agree. Scores under 3.0 reflect a higher level of incongruence between workers and workplaces ([Leiter and Maslach, 2004](#)). The survey assesses six areas of perceived congruence with work life: workload, control, reward, community, fairness and values ([Leiter and Maslach, 2000](#)).

The workload factor measures perceived congruence around aspects of the amount of work that individuals are expected to complete. Control refers to the level of autonomy that workers have in undertaking their work. The reward factor measures perceived levels of appreciation for the work that is being undertaken. The community factor measures aspects of the working environment and how individuals in the workplace relate to one another. Fairness refers to the level of perceived equity in the workplace. And, finally, the value congruence factor measures the level of match between worker and workplace values ([Leiter and Maslach, 2000](#)).

The scale has been used with a variety of study populations, including private sector employees (Leiter and Maslach, 2004), university business and administrative services staff (Maslach and Leiter, 2008) and nurses (Cho *et al.*, 2006). With this study sample, the internal consistency coefficients ranged from 0.78 to 0.88.

Demographic control variables

Several demographic related variables were utilised as control variables in the analysis. Previous research has shown that some demographic characteristics are linked to individual perceptions of congruence and occupational health-related outcomes. For instance, age is a particularly important factor contributing to worker expectations about aspects of personal achievement and workplace values (Kroeger, 1995). For instance, as Kroeger (1995) points out, older workers place less priority on competition and achievement. Likewise, educational attainment can contribute to perceptions of over qualification, which in turn can impact the psychological well-being of workers (Johnson and Johnson, 1996). Table 1 provides a breakdown of the demographic variables used as controls in this analysis along with the way each variable was scored.

Analysis

Data were analysed using structural equation modelling (SEM) with maximum likelihood estimation techniques and supported by the MPlus statistical software package (Muthén and Muthén, 1998–2012). SEM enables

Table 1 Demographic control variables

Variable	Categories/score range
Gender (categorical)	Male Female
Age (continuous)	Self-report of exact age
Marital status (categorical)	Presently Married/common-law Not presently married
Number of children (continuous)	Exact number of children under 18 residing with respondent
Years of practice (continuous)	Number of years respondent worked in the human services
Education (continuous)	Diploma Bachelor's Masters's Ph.D.
Work area (categorical)	Child welfare worker Other government agency
Work setting (categorical)	Government office Other work setting

simultaneously estimating multiple structural equations of multiple outcome variables. It also allows for the structural (i.e. dependent variables) error terms to correlate. This is a reasonable assumption; because the dependent variables are each measuring some occupational outcome, it is anticipated that there is common unexplained variance among the dependent variables in the analysis.

Results

Descriptive statistics

Table 2 provides a breakdown of the frequency, means and standard deviations of the demographic data collected from respondents. The sample of completed surveys included 584 females (86.65 per cent) and ninety males (13.35 per cent). The mean age of participants was 42.91 years. The data show that most of the respondents were married ($n = 478$, 70.92 per cent), but many did not have children under the age of eighteen living with them in their residence (mean of 0.78, or less than 1). This can be due to the high mean age of the study sample. On average, respondents reported that they had been practising/working in the human services for 9.45 years. The

Table 2 Descriptive statistics of study participants: demographic variables ($n = 674$)

Variable (code value)	Frequency (%)	Mean (sd)
<i>Gender</i>		
Female (0)	584 (86.65)	
Male (1)	90 (13.35)	
<i>Age</i>		42.91 (10.48)
<i>Marital status</i>		
Divorced/single/widowed (0)	196 (29.08)	
Married/common-law (1)	478 (70.92)	
<i>Number of children under 18 years</i>		0.78 (1.06)
0	411 (60.98)	
1	110 (16.32)	
2	112 (16.62)	
3	35 (5.19)	
4	4 (0.06)	
5	2 (0.03)	
<i>Years of practice</i>		9.45 (8.13)
<i>Highest education attained</i>		
Diploma (1)	195 (28.93)	
Bachelor's (2)	415 (61.57)	
Master's (3)	62 (9.20)	
Ph.D. (4)	2 (0.30)	
<i>Work area</i>		
Not children and youth services (0)	186 (27.60)	
Children and youth services (1)	488 (72.40)	
<i>Work setting</i>		
Non-government office (0)	79 (11.72)	
Government office (1)	595 (88.28)	

majority of the respondents had a bachelor's degree as their highest attained education ($n = 415$, 61.57 per cent). With regard to the work-related demographic characteristics, the overwhelming majority worked in the field of children and youth services ($n = 488$, 72.4 per cent) and their work setting was a government office ($n = 595$, 88.28 per cent). Data were provided by the study partner on the gender, age and work area for the entire population of workers. Post hoc analysis did not show any statistically significant differences on these three variables when comparing the total population with the study sample.

Table 3 provides the means and internal consistency coefficients for the six workplace congruence factors. Each score was below the norm threshold established for the implementation of the AWS (as indicated by [Leiter and Maslach, 2004](#)), indicating a high level of incongruence in this study sample.

Table 4 provides the descriptive statistics and the Cronbach's alpha coefficients for the four general outcome variables utilised in this study. Overall, respondents reported low levels of psychological distress-related symptoms. On average, respondents scored 15.74 on the General Severity Index, which is a negative case for psychological distress ([Derogatis, 2000](#)). On average, respondents had low levels of secondary traumatic stress. The average score was below 3 at 1.63. Respondents also had low levels of intention to leave. Average score for intention to leave was 1.60, which was below the 2.0 threshold. And, finally, respondents indicated having average levels of life satisfaction, with a mean of 4.31.

Multiple regression analysis

Table 5 provides the structural equation model highlighting the effects of the demographic control variables and workplace congruence factors on each of the occupational outcome measures, along with the proportion of variance explained for each dependent variable.

As noted in Table 5, the demographic control variables have some statistically significant effects on the outcome variables. In particular, gender, age, education level and work area are found to have a statistically significant effect on more than one of the outcome variables. For instance, on average, females report lower levels of life satisfaction ($p < 0.01$) but have higher intentions to leave ($p < 0.05$) when compared to males. Older respondents have higher levels of psychological distress ($p < 0.05$), but they also have lower intentions to leave ($p < 0.01$). Also, having higher levels of education result in lower levels of secondary traumatic stress ($p < 0.05$) and higher levels of life satisfaction ($p < 0.05$), but also higher intentions to leave their current employment positions ($p < 0.01$). Finally, respondents working in child welfare had higher levels of overall life satisfaction ($p < 0.01$) and lower intentions to leave ($p < 0.01$) when compared with workers in other work areas.

Table 3 Descriptive statistics of workplace congruence factors

Variable (code value)	Mean (sd)	Cronbach's alpha
<i>Areas of work life</i>		
Workload	0.93 (0.85)	0.83
Control	1.73 (0.93)	0.82
Reward	1.85 (0.97)	0.84
Community	2.18 (0.93)	0.88
Fairness	1.42 (0.88)	0.83
Values	1.91 (0.90)	0.78

Table 4 Descriptive statistics of occupational outcome indicators: psychological distress, secondary traumatic stress, intention to leave and life satisfaction

Variable	Mean (sd)	Cronbach's alpha
Psychological distress	15.74 (4.89)	0.93
Secondary traumatic stress	1.63 (0.94)	0.90
Intention to leave	1.60 (1.11)	0.82
Life satisfaction	4.31 (1.48)	0.92

Table 5 Multiple regression predictors of psychological distress, secondary traumatic stress, life satisfaction and intention to leave

Predictors entered	GSI β	STSS β	SWLS β	Intention to leave β
<i>Demographic</i>				
Gender ^a	2.305	0.169	-0.439**	0.240*
Age	0.109*	0.000	-0.009	-0.013**
Marital status ^b	-1.792	-0.009	0.594***	0.136
Number of children	0.025	-0.001	0.097*	-0.044
Years of practice	0.017	-0.004	0.008	-0.004
Education	-0.485	-0.136**	0.166*	0.174**
Work area ^c	-1.435	0.106	0.334**	-0.248**
Work setting ^d	-1.079	0.027	0.019	-0.080
<i>Workplace congruence</i>				
Workload	-3.622***	-0.383***	0.199**	-0.144**
Control	-1.357*	-0.080	0.184*	-0.255***
Reward	-0.004	-0.070	0.021	-0.031
Community/work environment	-2.057**	-0.124**	0.172**	-0.105*
Fairness	-0.735	0.015	0.142	-0.083
Value congruence	-1.700**	-0.151***	0.247***	-0.225***
R ²	0.222	0.333	0.253	0.264

β , unstandardised coefficients; ^areference category is male; ^breference category is single not married; ^creference category is other than child welfare; ^d reference category is non-government office; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

GSI, General Severity Index; STSS, Secondary Traumatic Stress Scale; SWLS, Satisfaction with Life Scale.

The analysis finds that the workplace congruence factors regarding perceived fit with workload, community/work environment characteristics and values significantly predicted levels of each of the occupational outcome

variables. With p -values for each variable listed in this consecutive order, higher congruence with workload, workplace values and community/environment fit resulted in lower levels of psychological distress ($p < 0.001$, $p < 0.01$, $p < 0.01$), secondary traumatic stress ($p < 0.001$, $p < 0.001$, $p < 0.01$) and intentions to leave ($p < 0.01$, $p < 0.001$, $p < 0.001$), and each predicts higher levels of overall life satisfaction (all at $p < 0.01$). A match on expectations around control in the workplace was found to be statistically significant on all of the outcome variables except secondary traumatic stress. In particular, higher levels of congruence in perceived workplace control resulted in lower levels of psychological distress ($p < 0.05$) and intention to leave ($p < 0.001$), and higher levels of life satisfaction ($p < 0.05$). Having a match with regard to workplace-related rewards and a perception of fairness were not found to statistically predict any of the occupational outcome variables.

Discussion

The effects of the demographic variables are not particularly surprising. Previous research (see, e.g. [Jack and Donnellan, 2010](#); [Johnson and Johnson, 1996](#)) has similarly found relationships between age and education level and occupational outcomes. The analysis did not find any statistically significant differences on the work area variable with regard to experiences of psychological distress and secondary traumatic stress. A large amount of previous scholarship has highlighted the higher rates of negative occupational health outcomes among child welfare workers in relation to other social service workers (see, e.g. [Shier et al., 2012](#)). However, our study found that child welfare workers had lower intentions to leave and higher levels of life satisfaction when compared to those that did not work in child welfare. This finding suggests that, when comparing government workers, child welfare workers might do better with regard to their occupational outcomes than other government social service workers. This finding leads to further research questions that cannot be answered with these data. Further exploratory research could investigate the differences in work settings and work roles in child welfare human service departments and those from other human services departments within governments. One place to start is around levels of commitment which have been found to mediate negative occupational outcomes among child welfare workers ([Stalker et al., 2007](#)).

The workplace congruence findings are somewhat more interesting. Previous research on workplace congruence has found that a better 'match' helps to increase productivity and support organisational goal attainment across different occupational groups ([Haley and Sidanius, 2005](#)). However, this research sought to better understand the implications of workplace congruence on negative occupational outcomes, and found that workplace congruence has an effect on the occupational outcomes of social service workers. In particular, the findings show statistically significant relationships

between congruence of key workplace factors—such as workload, control, community/work environment and values—and psychological distress, secondary traumatic stress, life satisfaction and intention to leave. Interestingly, the findings highlight the interrelationship between these workplace aspects and each of these occupational health outcomes. For instance, increased levels of value congruence reduce levels of psychological distress, intentions to leave and secondary traumatic stress symptoms, and increase overall life satisfaction. Similar results were found with community/work environment, control and workload fit.

These statistically significant findings support the notion that occupational health-related outcomes within the workplace can be addressed using a ‘settings-based’ approach (Noblet, 2003). Most approaches to addressing occupational health outcomes among workers focus on lifestyle strategies to alleviate the negative consequences of work and workplaces on worker psycho-social well-being (Noblet, 2003). Examples of such approaches would include the adoption of work–life balance types of organisational policies or an emphasis on individual worker self-care strategies. Instead, this research demonstrates the need to address issues that emerge within the work setting itself, particularly issues pertaining to the work environment, values within the workplace, aspects of control in the day-to-day work-related tasks and overall workload. These are similar findings that have been found in Shier and Graham’s (2011, 2013) qualitative research on the workplace and organisational-level factors that support social worker subjective well-being.

One solution following a settings-based approach might be to undertake more participatory organisational-level action that seeks to address the divergence in work-related expectations held by the workplace and those held by the workers. It seems that, in situations where there is incongruence in the expectations workers have of the work environment, workload, values inherent within the work being undertaken and the level of autonomy individual workers have, individual workers experience negative workplace outcomes. To address negative occupational outcomes among social service workers, the findings from this study suggest more needs to be done at an organisational level that aims to align itself to the expectations of the workers. This does not necessarily mean that the public organisation that employs these social service workers needs to be restructured, but it does call for more participatory and consultative approaches between workers and their supervisors, managers and the more senior public service bureaucrats employed within the respective departments. These approaches can be utilised to align expectations between workload, working environment, decision making and values of the workers, and that of the government department. Participatory management, as an example, has been shown to actively reduce workplace stress (McCrea *et al.*, 2011). This lends to a collaborative approach between workers and management that yields a mutual desire for manageable workplace stress with possible implications for experiences of negative occupational outcomes among workers. Further research on

applicable work-setting adaptations to alleviate negative occupational outcomes among social service workers is needed.

Conclusion

The findings presented here also may be particularly useful for social service workers themselves. Knowing which aspects of the workplace are not congruent with the workers' expectations can help direct worker attention to those aspects of their work life that negatively impact their well-being. Transformational change within organisations—where the expectations of the organisation become more aligned with those of the workers—does not typically occur from the top down. This research presents insight particularly into those workers who do not find a balance between their expectations of their work and the demands of the workplace and/or the expectations held by their respective government department. Further qualitative research is necessary to better understand the divergence in expectations between the organisation and the worker with regard to values, workload, control and working environment.

This study demonstrates a range of pressing workplace concerns and challenges faced by social service staff in government departments. Ensuring healthy workplace environments emerges not only as an important element for worker well-being, health and employment sustainability, but also as a pressing issue and source of compromise within current workplace settings. In contrast, pro-active and protective workplace practices are critical in mitigating these threats and fostering worker well-being and organisational health. This study demonstrates the value of achieving congruence in worker and workplace expectations. This has implications for workplace activities, workload, interpersonal relationships, values, environmental ethos and management. For multiple reasons, including the support and sustainability of a healthy workforce, the investment of such resources and priorities is of critical importance in moving forward.

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