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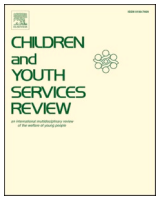

When doing the right thing feels wrong: Moral distress among child welfare caseworkers

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ABSTRACT

Studied predominantly among nurses, moral distress refers to painful feelings or psychological difficulties related to awareness of the morally appropriate action to take but inability to take that action because of internal (e.g., fear) or external (e.g., lack of time or resources) constraints. However, little is known about experiences of moral distress among child welfare (CW) caseworkers. Drawing from existing moral distress and CW organizational literature, this study examined moral distress experiences among U.S. public CW caseworkers and the role of internal (professional training and psychological safety) and external (job stress and time pressure) constraints in this phenomenon. Data were drawn from a multisite CW workforce improvement project involving two state-administered and two county-administered CW agencies. These analyses utilized a subsample of CW caseworkers (N = 1,879). Logistic regression models were used to evaluate the relationships between constraint variables and two measures of moral distress, after adjusting for covariates. More than 60% of CW caseworkers reported experiencing one or both measures of moral distress. A lower sense of psychological safety, job stress, and time pressure contributed to an increased likelihood of experiencing moral distress. Results suggest that internal and external constraints play different roles in moral distress experiences, and more nuanced exploration of these relationships is warranted. Acknowledging the experiences of moral distress and understanding constraints that contribute to this phenomenon may be key to supporting CW caseworker well-being.

1. Introduction

Being a child welfare (CW) professional is hard work. Heavy caseloads, ongoing time pressure and job stress, high turnover, and the federal directive to improve the "overall health and well-being of the nation's children and families" (Children's Bureau, n.d.a) contribute to high burnout and poor well-being among caseworkers in this field (He, Phillips, Lizano, Rienks, & Leake, 2018; Kim, 2011; Lizano & Mor Barak, 2015). Although a strong body of literature has explored CW caseworker burnout and well-being, little research has examined the moral distress CW caseworkers experience in their work with children and families involved in the CW system (Haight, Sugrue, & Calhoun, 2017; Mänttäri-van der Kuip, 2016; Sugrue, 2019). Briefly, moral distress occurs when a professional knows the ethically appropriate action but is unable to take that action due to internal (personal) or external (institutional) constraints (Corley, Elswick, Gorman, & Clor, 2001; Epstein & Hamric, 2009; Jameton, 1984). Research is also lacking on the constraints that could compromise CW caseworkers' ability to act in the best interests of the families they serve, potentially placing them in morally complex dilemmas; this in turn may contribute to experiences of moral distress in this workforce (Mänttäri-van der Kuip, 2016; Sugrue, 2019).

Notably, although CW caseworkers face morally complex situations on a daily basis, the moral complexity of their work is seldom acknowledged or researched (Keinemans & Kanne, 2013; Mänttäri-van der Kuip, 2016). To address this gap in research and drawing from existing moral distress and CW organizational literature (Corley et al., 2001; Epstein, Whitehead, Prompahakul, Thacker, & Hamric, 2019; Jameton, 1984, 1993), this study explored morally distressing conditions among public CW caseworkers in the United States and the role of internal and external constraints in this phenomenon. Suggestions for future research and mitigating moral distress in the CW profession are discussed.

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2. Background

2.1. Conceptualization of moral distress

Although there is growing interest in moral distress experiences among workers in helping professions, including CW (Fantus, Greenberg, Muskat, & Katz, 2017; Mänttäri-van der Kuip, 2016; Sugrue, 2019), existing research on moral distress has widely and predominantly examined the nursing and health care professions (Hamric, 2012; McCarthy & Deady, 2008). The concept of moral distress was first developed in the 1980s by bioethicist Andrew Jameton (1984). Broadly, moral distress refers to painful feelings or psychological difficulties that occur due to awareness of the morally appropriate action to take but an inability to take that action because of internal (e.g., fear) or external (e.g., lack of time or resources) constraints (Corley et al., 2001; Jameton, 1984). Jameton (1993) later distinguished moral distress as having two forms: initial moral distress and reactive moral distress. Initial moral distress involves the emotional reaction (e.g., frustration, anger, and anxiety) that occurs when confronted with the conflict of wanting to do the right thing but facing obstacles to taking that action; reactive moral distress is the lingering distress that occurs afterward (Jameton, 1993).

Whether referring to initial or reactive moral distress, scholars have asserted that it is conceptually different than other forms of psychological distress (e.g., negative emotional reactions to situations) or burnout, in that moral distress involves ethical dilemmas and is the "result of perceived violations of one's core values and duties" (Epstein & Hamric, 2009, p. 2). Moreover, moral distress implies feelings of complicity or powerlessness to alter the state of affairs (Hamric & Epstein, 2017). For example, in the health care profession, nurses may know of optimal treatment options for a patient but may be unable to provide that treatment, possibly due to their suggestions being dismissed by doctors or not aligning with directives from administrators to reduce costs (Corley et al., 2001; Epstein et al., 2019). These situations place health care professionals in ethically compromising conditions wherein they are unable to do what they believe is best for their patients, contributing to experiences of moral distress that might violate their core professional values.

Indications of moral distress include feelings of emotional and psychological imbalance, frustration, anxiety, guilt, sadness, and powerlessness (Corley et al., 2001; Fantus et al., 2017). Research on moral distress among nurses and health care professionals indicates that it is associated with negative outcomes such as patient disengagement, low job satisfaction, turnover, burnout, and leaving the profession (Epstein & Hamric, 2009; Hamric, 2012). A literature review on moral distress among nurses indicated that "morally distressing situations contribute to decreased quality of care and diminished workplace satisfaction for staff, lead to physical and emotional illness, burnout, and staff turnover" (Burston & Tuckett, 2013, p. 321).

2.2. Moral distress in child welfare

Despite being broadly examined in the helping profession of nursing, there is almost no research on moral distress in the CW profession, with only a few studies examining this topic in the related field of health care social work. One such study focused on the frequency and intensity of moral distress among different health care professions and found that experiences of moral distress were not unique to nurses—social workers, chaplains, and therapists also experienced high levels of moral distress (Houston et al., 2013). Another study by Fantus and colleagues (2017) expounded on the conceptualization of moral distress among hospital social workers and suggested possible conditions and consequences that contribute to moral distress. Mänttäri-van der Kuip (2016) study is one of the only works to examine morally distressing situations among CW workers. In their study of Finnish social welfare workers (42% of whom had duties that included CW work), they found similar results to the nursing profession, wherein increased moral distress was significantly associated with lower intent to stay, taking more sick leave days, and more negative work experiences.

Notably, research on moral distress in the social work profession points to the lack of focus on issues of moral complexity and moral distress in this profession (Fantus et al., 2017; Keinemans & Kanne, 2013; Oliver, 2013). This is concerning given that up to half of CW workers hold a social worker degree (Barth, Lloyd, Christ, Chapman, & Dickinson, 2008) and adhere to the social work code of ethics (National Association of Social Workers, 2008). Moreover, research points to the inherently ethically complex situations and conditions faced by CW workers. For example, CW caseworkers often attempt to engage in best practices to better advocate for and serve children in their care (e.g., placing children with family members rather than foster care or supporting parental attachment through placement visitations with biological parents), but they are constrained in being able to provide these services (e.g., due to unrealistic policies that make family members ineligible to become caregivers or lack of staff members to drive children to visitations; Haight et al., 2017). In their work examining moral complexities among CW workers, Haight and colleagues (2017) captured ethical dilemmas faced by these professionals, with one of their participants sharing: "It's like the state telling us that we need to intervene on families, but [then] we don't have the resources to do it adequately. And how ethical is it to remove children from their families or to get involved even without removal when we don't have what we need to get the children home promptly?" (p. 32).

2.3. Measuring moral distress

The most broadly used instrument for measuring moral distress is the Moral Distress Scale (MDS). Originally developed for nurses by Corley and colleagues (2001), it was revised and adapted for health care professionals, resulting in the MDS-Revised (MDS-R; Hamric, Borchers, & Epstein, 2012). The MDS-R was recently revised and renamed the Measure of Moral Distress for Healthcare Professionals (MMD-HP; Epstein et al., 2019). These measures of moral distress are theoretically grounded in the concept of role conflict, which is defined as "the degree of incongruity or incompatibility of expectations associated with the role" (House & Rizzo, 1972, p. 474). Based on key postulates of organizational role theory, role conflict posits that workers have behavioral expectations or roles to fulfill that are prescribed by their position in the organization. When the behaviors expected of an individual in the organizational setting are inconsistent, they can subsequently experience role conflict (Biddle, 1986; Rizzo, House, & Lirtzman, 1970). Corley et al. (2001) applied concepts and measure of role conflict (House & Rizzo, 1972) to develop their MDS measure to assess the dual and at times conflicting roles nurses are expected hold (e.g., to provide quality care to patients while following directives from doctors or hospital administrators). Conflict between these roles, such as having to carry out physician orders or hospital policies that contradict their patients' best interests, contribute to experiences of moral distress.

The MDS, MDS-R, and MMD-HP instruments were specifically designed to measure moral distress in the context of nursing and health care professions. Notably, these measures primarily capture conditions or situations associated with moral distress and not emotional or psychological indicators of moral distress such as "painful feelings and/or the psychological disequilibrium" (Corley, 2002, pp. 636–637). For example, items from these measures include morally distressing situations such as: "carry out orders or institutional policies to discontinue treatment because the patient can no longer pay (MDS-R)" and "feel pressured to order or carry out orders for what I consider to be unnecessary or inappropriate tests and treatments" (MMD-HP).

Given the lack of moral distress measures specific to the CW profession and that existing measures of moral distress stem from role conflict scales (Corley et al., 2001; House & Rizzo, 1972), this study assessed morally distressing conditions using the role conflict subscale from the 60-item, 15-dimension CRISO Psychological Climate

Questionnaire (PCQ; Gagnon, Paquet, Courcy, & Parker, 2009). The PCQ has been used with and validated among CW workers (Potter, Leake, Longworth-Reed, Altschul, & Rienks, 2016; Zeitlin, Claiborne, Lawrence, & Auerbach, 2016) to assess organizational climate in CW agencies. Also, because the PCQ role conflict subscale was designed to capture organizational conditions that impede staff work and not moral distress, only two of the four subscale items that reflect key moral distress concepts were used as proxy measures for morally distressing conditions (see Fig. 1). We posited that using a role conflict scale to capture moral distress is appropriate given that CW caseworkers face similar role conflict circumstances to that of nurses (e.g., obligated to adhere to federal and agency policies that can conflict with best practices for families; Sugrue, 2019). Further, Mänttäri-van der Kuip (2016) moral distress study of Finnish social welfare workers also used similar items to measure moral distress, such as "I'm often forced to work in a way that conflicts with my professional values" (p. 91).

2.4. Internal and external constraints contributing to moral distress

Because moral distress research has mainly been conducted in the nursing profession, existing literature on internal and external constraints that contribute to moral distress are also discussed primarily in the nursing context. For example, sources of internal constraint for nurses and health care professionals can stem from not knowing about alternative treatment plans, self-doubt, or socialization to follow others (Hamric et al., 2012). Sources of external constraints include inadequate staffing and high turnover, time constraints, lack of administrative support, or compromising client care due to cost reduction pressures (Corley et al., 2001; Hamric et al., 2012). These internal and external constraints most likely manifest differently in other professional contexts (Lützén & Kvist, 2012). Given the exploratory nature of this study, we drew from nursing and CW literature to examine potential internal and external constraints relevant to the experience of moral distress among CW caseworkers.

2.4.1. Internal constraints

In the CW field, internal constraints that contribute to caseworkers experiencing moral distress could include the perception of not feeling prepared and trained to do the work and a lack of psychological safety (perception of how safe it is to be one's self without a fear of negative consequences; Kahn, 1990). For example, because families that come into contact with CW face a plethora of needs and risks (mental health, substance use disorders [SUD], trauma, poverty; Fong, 2017; He, Lim, Lecklitner, Olson, & Traube, 2015), caseworkers need to be prepared and trained to assess for these situations to best serve families. Adequate preparation for working in CW also includes having in-depth knowledge

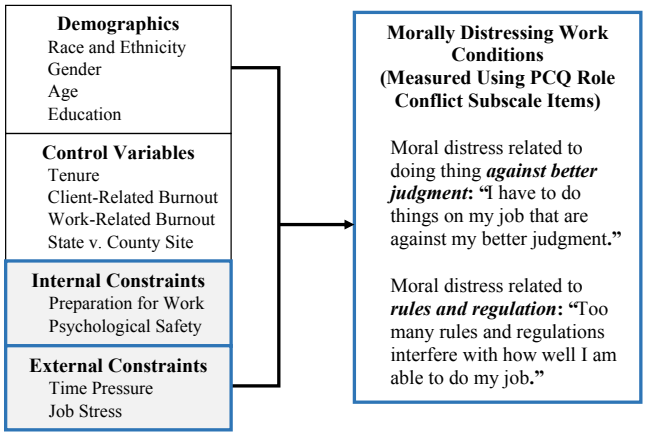

Fig. 1. Conceptual model: constraint-based morally distressing conditions among CW caseworkers.

of the many federal and state policies and practice guidelines imbedded in CW mandates.[1] Insufficient preparedness and training might place caseworkers in situations wherein they experience moral distress related to not knowing how to provide needed services for families. In the health care profession, Hamric et al. (2012) suggested that an internal constraint could involve nurses lacking knowledge of patient treatment. Additionally, there is an ongoing need to seek support from supervisors and managers regarding difficult family case planning decisions, many of which play out in morally challenging scenarios (e.g., making a recommendation for the termination of parental rights versus advocating for additional services to support family reunification). A lack of psychological safety to seek this support, such as not feeling safe to take risks or feeling their efforts are undermined, could result in CW caseworkers feeling morally conflicted by not being able to make best practice decisions or recommendations for the families they serve. Similarly, for nurses, fear of questioning physician orders for patient care may constrain them from providing alternative treatments. Hence, feeling unprepared for their work or a low sense of psychological safety may be internal constraints that contribute to morally distressing experiences.

2.4.2. External constraints

Although not specific to moral distress, a strong body of literature has examined external factors that affect CW caseworker well-being (Demerouti, Bakker, Nachreiner, & Schaufeli, 2000; Kim, 2011). For example, research indicated that external factors such as job stress (Boyas & Wind, 2010) and time pressure (Demerouti et al., 2000) are key predictors of burnout among CW workers. These same external factors might constrain a worker's ability to find time for family engagement or obtain crucial treatment services and make it difficult for CW caseworkers to do what is needed to best serve children and families. The nursing literature also lists time constraints as external factors that contribute to moral distress (Fantus et al., 2017; Hamric et al., 2012). Thus, we proposed that job stress and time pressure are external constraints that contribute to experiences of moral distress among CW caseworkers.

2.5. Study aims and hypotheses

Overall, scholars have examined moral distress from various approaches (Epstein & Hamric, 2009; Sugrue, 2019). This includes examining various types of moral distress (e.g., initial or reactive moral distress; Epstein & Hamric, 2009), varying ways of measuring moral distress and morally distressing conditions (Corley et al., 2001; Epstein et al., 2019; Houston et al., 2013), and multiple factors that act as internal and external constraints associated with moral distress (Hamric et al., 2012; Lützén & Kvist, 2012). Further, because most of this research occurred in the context of the health care field, our conceptual understanding of moral distress, morally distressing conditions, and internal and external constraints related to moral distress are specific to this discipline.

Given the lack of research on moral distress in the CW workforce, we drew on Jameton (1984) original constraint-based concept of initial moral distress (Corley et al., 2001; Epstein et al., 2019; Hamric, 2012; Sugrue, 2019), wherein internal and external constraints "prevent one from taking actions that one perceives to be morally right" (Epstein & Hamric, 2009, p. 2). This constraint-based model is fitting for the CW profession due to the large body of research on various types of constraints that impede workers' ability to do their jobs and affect their personal well-being (Boyas & Wind, 2010; He et al., 2018; Lützén &

[1] For more information on CW laws and policies (e.g., Child Abuse Prevention and Treatment Act, Adoption and Safe Families Act, Family First Prevention Services Act), see the Children's Bureau guide to laws and policies at https://www.acf.hhs.gov/cb/laws-policies.

Kvist, 2012). Also based on CW workforce organizational research, this study explored the relationship between internal and external constraints and experiences of morally distressing conditions among public CW caseworkers. Further, due to the lack of validated moral distress measures in the CW profession, this study used two items from the PCQ role conflict subscale as proxy measures of potentially morally distressing work conditions. Fig. 1 provides the conceptual model for this study. We hypothesized that indicators of lower work preparation and psychological safety and higher time pressure and job stress would be positively associated with greater moral distress.

3. Method

3.1. Study design and sample

Data for this study were drawn from a multisite CW workforce improvement project. Secondary data analysis was conducted using data from a CW workforce health assessment from two southern state-administered and two northeastern county-administered public CW agencies. Of the 5,787 staff members across the four sites who were invited to complete the assessment online via Qualtrics, 71% ($n = 4,117$) completed the assessment between June and July 2019. The present analyses utilized a subsample of CW caseworkers who provided direct services to families ($n = 1,879$). Two separate binomial logistic regression analyses were conducted to examine the relationships between internal or external constraints and measures of moral distress. This study was approved by the institutional review board at [redacted].

3.2. Measures

CW caseworkers completed the Comprehensive Organizational Health Assessment (adapted from Potter et al., 2016), which consists of 25 scales designed to measure aspects of CW workforce health, functioning, and demographic characteristics. This study used scales that assessed moral distress (role conflict subscale), internal constraints (preparedness for work and psychological safety), and external constraints (time pressure and job stress).

3.2.1. Moral distress

Moral distress was measured using two items from the 4-item role conflict subscale found in the PCQ, a validated and reliable measure of organizational psychological climate (Gagnon et al., 2009). The PCQ has also been validated in CW settings (Zeitlin et al., 2016). Based on the face validity of the items, we selected two items from this subscale that reflect nuanced and key components of moral distress: (a) moral distress related to doing things against better judgment: "I have to do things on my job that are against my better judgment"; and (b) moral distress related to rules and regulation: "Too many rules and regulations interfere with how well I am able to do my job." The two excluded role conflict subscale items were: "There are too many people telling me what to do" and "I am held responsible for things over which I have no control." Items similar to the two morally distressing conditions items used in the present study were used by Mänttäri-van der Kuip (2016) in their study of moral distress among Finnish social workers.

Participants used a 5-point scale (1 = *strongly disagree*, 3 = *neither agree nor disagree*, 5 = *strongly agree*) to self-report the extent to which they agreed with these two items. For substantive reasons, the responses provided were dichotomized to separate those who provided a neutral response (neither agreed nor disagreed) from those who agreed or disagreed to some degree. It is considered common and appropriate practice to dichotomize variables to create conceptually meaningful groups (DeCoster, Iselin, & Gallucci, 2009). Subsequently, responses were recoded to create two dichotomous dependent variables (against better judgment and rules and regulation) by collapsing "strongly disagree" and "disagree" responses into one category (0 = *disagree*) and "agree" and "strongly agree" into another (1 = *agree*). Responses of "neither agree nor disagree" were excluded from analyses. Subsequently, 518 responses (28.7%) were excluded from the against better judgment model and 540 (29%) responses were excluded from the rules and regulations model.

3.2.2. Internal constraints

Two types of internal constraints, psychological safety and preparedness for work, served as independent variables in the analyses. The continuous independent variable of preparedness for work was measured with three items capturing how well respondents felt they were prepared for work as CW caseworkers (Butler Institute for Families, 2009). Participants used a 4-point scale (1 = *strongly disagree* to 4 = *strongly agree*) to indicate agreement with the following statements: "My agency hires people whose experience/education prepared them for the job," "During my interview, I was given enough information to make an informed decision about the reality of this job," and "When I was hired, I received training that prepared me for this job."

The continuous variable of psychological safety was measured using a 6-item modified version of Edmondson (1999) Psychological Safety Scale. Psychological safety items included "I am able to bring up problems and tough issues" and "People in this organization sometimes reject others for being different" (reverse scored). Participants used a 4-point scale (1 = *very inaccurate* to 4 = *very accurate*) to report how accurately items described their work environment. To ease interpretation, the sum scores on the psychological safety and preparedness for work scales were averaged. Respondents had to answer at least 75% of the questions in a scale to receive a mean score. Higher scale scores represent greater preparedness for work and psychological safety.

3.2.3. External constraints

Two types of external constraints, time pressure and job stress, served as independent variables in the analyses. The continuous variable of time pressure was measured with five items capturing how often CW caseworkers had enough time to effectively do their jobs (Butler Institute for Families, 2011). A 5-point scale (1 = *almost never*, 2 = *sometimes [about 25% of the time]*, 3 = *about half the time*, 4 = *usually [about 75% of the time]*, 5 = *almost always*) was used to indicate agreement with items such as "I have too much work to do in the amount of time that I have." The continuous variable of job stress was measured with five items capturing stress related to job pressure and workload (Institute of Behavioral Research, 2004). Respondents used a 4-point scale (1 = *strongly disagree* to 4 = *strongly agree*) to indicate agreement with items such as "The heavy workload reduces staff effectiveness." The sum scale scores for time pressure and job stress were averaged. Higher scores reflect greater time pressure and job stress.

3.2.4. Control variables

The analyses controlled for four CW caseworker characteristics. Because past research indicated that differing work contexts (e.g., different units, urban vs. rural) may affect moral distress experiences (Epstein et al., 2019), the type of CW site (county administered vs. state administered) was entered into the model as a control variable. The type of CW site was dummy coded (0 = *county administered*, 1 = *state administered*). Research also suggested that moral distress often accumulates over time (Epstein & Hamric, 2009). Thus, years employed at agency was used as a control variable, with respondents self-reporting their tenure at the agency in years. Because burnout is a key aspect of worker well-being in the CW literature (Lizano, 2015) and was found to be associated with moral distress in previous research (Epstein & Hamric, 2009), it was also controlled for to account for potential confounding effects. The Copenhagen Burnout Inventory (Kristensen, Borritz, Villadsen, & Christensen, 2005) was used to measure client-related and work-related burnout. Six items captured client-related burnout (e.g., "Does it drain your energy to work with clients?" and "Do you sometimes wonder how long you will be able to continue working with clients?"). Seven items captured work-related burnout (e.g., "Is your

work emotionally exhausting?" and "Do you feel worn out at the end of the working day?"). The items were measured on a 5-point Likert scale (1 = *never* to 5 = *very often*). A sixth response option (*not applicable*) was coded as "missing." Respondents choosing "not applicable" more than 25% of the time were excluded from the analysis. To ease interpretation, the sum score for each respondent was averaged for both burnout scales. See Table 2 for the reliability coefficients of scale items.

3.2.5. Demographic characteristics

Race and ethnicity was measured by asking respondents to self-report their racial and ethnic background. For the purposes of analysis, the variable was dummy coded: whereby those who identified as White/Caucasian were coded as "0″ (n = 736, 39.2%), and those who identified as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latinx, Native Hawaiian or other Pacific Islander, multiracial, multiethnic, or "other" was coded as 1 (n = 1,136, 60.6%). The seven (0.4%) respondents who did not report their race and ethnicity were excluded from analysis. Gender was measured using a categorical variable; respondents could self-identify as male, female, nonbinary or gender nonconforming, prefer not to say, or self-describe (i.e., to self-identify as they wished). The gender variable was recoded as a dummy variable for analysis. Those who identified as male (n = 202) were coded as 0 and those who identified as female (n = 1,658) were coded as 1. The 19 participants who identified either as nonbinary or gender nonconforming (n = 1) or preferred not to state their gender (n = 18) were excluded due to lack of statistical power in the analysis. Age was self-reported by respondents, who provided their age in years at the time of the study. Highest level of education was dummy coded (0 = *bachelor's degree or less*, 1 = *master's degree or beyond*). Respondents were asked to self-report whether they had a social work degree. The variable was dummy coded (0 = *no*, 1 = *yes*; see Table 1 for sample demographics).

3.3. Analysis strategy

To test the study hypotheses, two logistic regression models were used to evaluate the relationships between constraint variables and moral distress measures after adjusting for covariates. Key assumptions

Table 1
Sample characteristics.

	n	%
Race and ethnicity		
American Indian or Alaska Native	10	0.5
Asian	9	0.5
Black or African American	982	52.3
White or Caucasian	736	39.2
Multiracial or multiethnic	65	3.5
Other	20	1.1
Hispanic or Latinx	50	2.7
Missing	7	0.4
Gender or sex		
Male	202	10.8
Female	1,658	88.2
Nonbinary or gender nonconforming	1	< 0.1
Prefer not to say	18	1
Education		
Less than a bachelor's degree	17	0.9
Bachelor's degree	1,364	72.6
Master's or PhD	481	25.6
Other	6	0.3
Missing	11	0.6
Social work degree		
No	1,321	70.3
Yes	555	29.5
Missing	3	0.2
Agency type		
County	334	17.8
State	1,545	82.2

Table 2
Correlation matrix, means, and reliability coefficients.

	M (*SD*)	α	1	2	3	4	5	6	7	8	9	10	11	12	13
1. MD: Against better judgment	–	–													
2. MD: Too many rules and regulations	–	–	0.52**												
3. Race and ethnicity	–	–	−0.03	−0.11**											
4. Gender	–	–	−0.01	−0.06**	0.08**										
5. Age	37.11 (10.68)	–	−0.09**	−0.01	0.02	−0.01									
6. Education	–	–	−0.03	0.03	0.12**	0.01	0.09**								
7. Tenure	4.02 (5.30)	–	0.01	0.08**	−0.09**	0.05*	0.46**	−0.03							
8. Client-related burnout	2.44 (0.86)	0.90	0.28**	0.26**	−0.21**	−0.03	−0.14**	0.01	0.10**						
9. Work-related burnout	3.08 (0.95)	0.86	0.32**	0.33**	−0.11**	0.05*	−0.14**	0.02	0.08**	0.66**					
10. County v. state site	–	–	−0.09**	−0.11**	0.25**	0.05*	−0.02	0.01	−0.15**	−0.14**	−0.03				
11. Psychological safety	2.75 (0.63)	0.60	−0.39**	−0.29**	−0.06**	−0.10**	−0.03	−0.08**	−0.13**	−0.22**	−0.41**	0.08**			
12. Preparation for work	2.72 (0.59)	0.90	−0.22**	−0.20**	0.01	−0.04	−0.04	−0.03	−0.11**	−0.27**	−0.35**	0.14**	0.43**		
13. Time pressure	3.45 (1.17)	0.94	0.26**	0.38**	−0.10**	0.03	−0.02	0.06*	0.07**	0.41**	0.61**	−0.02	−0.34**	−0.32**	
14. Job stress	3.45 (0.60)	0.92	0.25**	0.34**	−0.03	0.04	−0.06**	0.04	0.10**	0.31**	0.51**	−0.06*	−0.35**	−0.33**	0.51**

Note. MD = moral distress.
*$p \leq 0.05$. **$p \leq 0.01$.

were tested to ensure that logistic regression analysis could be conducted. The first assumption, linearity between continuous predictors and the logit, was tested using the Box-Tidwell approach, whereby interaction terms were created for each continuous predictor and its natural logarithm, as recommended (Tabachnick, Fidell, & Ullman, 2007). The logistic regression model conducted with the interaction terms yielded no significant interaction terms, suggesting that the assumption of linearity between the continuous variables and the logit of the dependent variable was not violated (Tabachnick et al., 2007). No predictor variables were found to be highly correlated with each other, suggesting an absence of multicollinearity (see correlation matrix in Table 2).

Because the moral distress items included an option for respondents to select "neither agree nor disagree," we excluded these responses from our analyses. However, chi-square analyses were conducted to test for statistically significant relationships between demographic characteristics and "neither agree nor disagree" and "disagree" or "agree" responses to these dependent variable items. Chi-square results indicated no significant relationships between race, gender, educational background, or agency type (state vs. county) and providing a neutral response (i.e., "neither agree nor disagree") versus "disagree" or "agree" responses to any moral distress measures. A similar analyses using a *t*-test for age also yielded nonsignificant results. All analyses were completed using SPSS version 27.

4. Results

4.1. Univariate analysis

4.1.1. Sample characteristics

The study sample characteristics are presented in Table 1. The sample primarily identified as Black or African American (52.3%, $n = 982$) or White or Caucasian (39.2%, $n = 736$), and most participants were female (88.2%). Approximately two thirds (72.6%) of the sample had a bachelor's degree and about 1 in 4 (25.9%) participants had a master's degree or higher. Approximately 30% of the respondents had a social work degree ($n = 555$). The average participant was 37 years old ($M = 37.11$, $SD = 10.68$) and had been employed in their current agency for approximately 4 years ($M = 4.02$, $SD = 5.30$). Eighty-two percent of the study participants were employed in a state-run CW agency, and the rest were employed in a county-run CW agency.

4.1.2. Study variables

Univariate analysis results (e.g., means and standard deviations) for the independent (i.e., control, internal and external constraints) and dependent (i.e., moral distress) study variables can be found in Table 2. The frequency distribution of participant responses to the moral distress items were as follows: against better judgment (agree: $n = 530$, 41.2%; disagree: $n = 755$, 58.8%) and rules and regulation (agree: $n = 690$, 54.5%; disagree: $n = 575$, 45.4%). Additionally, 39% of our sample indicated that they disagreed with both measures of moral distress, 25% agreed with at least one measure of moral distress, and 36% agreed with both measures of moral distress.

4.2. Bivariate correlations

Bivariate correlations analysis was conducted to explore the associations among the study variables. Psychological safety had a moderate negative relationship with both forms of moral distress: against better judgment ($r = -0.39$, $p < .01$) and too many rules and regulations ($r = -0.29$, $p < .01$). Preparation for work also had a moderate negative correlation to both forms of moral distress: better judgment ($r = -0.22$, $p < .01$) and too many rules and regulations ($r = -.20p < .01$). Time pressure had a moderate positive relationship to both forms of moral distress: better judgment ($r = 0.26$, $p < .01$) and too many rules and regulations ($r = 0.38$, $p < .01$). Job stress correlated positively with both forms of moral distress: better judgment ($r = 0.25$, $p < .01$) and too many rules and regulations ($r = 0.34$, $p < .01$). See Table 2 for full interitem correlations.

4.3. Logisic regression models

4.3.1. Model 1: Against better judgment

Gender and client-related burnout were the only two independent demographic and control variables found to significantly relate to experiences of moral distress that involved doing things against better judgment. Women were less likely to report experiencing moral distress ($OR = 0.58$, $p < .01$), whereas those with greater levels of client-related burnout were more likely to experience moral distress ($OR = 1.48$, $p < .01$). When internal and external constraints were examined, only one internal constraint, psychological safety, was found to significantly relate to against better judgment. Those with greater levels of psychological safety were less likely to report having to do things in their job against their better judgment ($OR = 0.41$, $p < .01$). No external constraint variables were found to significantly relate to the odds of experiencing moral distress related to against better judgment. See Table 3 for logistical regression model results.

4.3.2. Model 1: Rules and regulations

Of the demographic characteristics, only race and ethnicity and gender yielded significant results. Those who identified as a staff

Table 3
Logistic regression models.

	Model 1: Against Better Judgment[e]			Model 2: Rules and Regulations[f]		
	OR	*SE*	95% CI	*OR*	*SE*	95% CI
Demographics						
Race and ethnicity[a]	1.14	0.15	0.86, 1.52	0.74*	0.15	0.56, 0.99
Gender[b]	0.58**	0.21	0.39, 0.87	0.55**	0.22	0.36, 0.84
Age	0.99	0.01	0.98, 1.01	1.00	0.01	0.98, 1.01
Education[c]	0.73*	0.15	0.54, 0.99	0.99	0.16	0.73, 1.34
Control variables						
Tenure	0.98	0.02	0.95, 1.01	1.01	0.02	0.98, 1.04
Client-related burnout	1.48**	0.10	1.20, 1.80	1.15	0.10	0.94, 1.41
Work-related burnout	1.14	0.11	0.91, 1.42	1.03	0.12	0.83, 1.30
State v. county site[d]	0.81	0.19	0.56, 1.17	0.70	0.19	0.48, 1.02
Internal constraints						
Psychological safety	0.41**	0.13	0.32, 0.52	0.63**	0.12	0.49, 0.80
Preparation for work	0.86	0.12	0.68, 1.10	1.05	0.13	0.82, 1.35
External constraints						
Time pressure	1.06	0.08	0.92, 1.23	1.51**	0.08	1.30, 1.75
Job stress	1.26	0.14	0.96, 1.64	1.77**	0.13	1.37, 2.30

[a] Reference group was White or Caucasian.
[b] Reference group was male.
[c] Reference group was bachelor's degree or less.
[d] Reference group was county administered.
[e] $N = 1{,}171$ for the logistic regression analysis after list-wise deletion. Participants responded to the item: "I have to do things on my job that are against my better judgment" (55% agree or strongly agree).
[f] $N = 1{,}146$ for the logistic regression analysis after list-wise deletion. Participants responded to the item: "Too many rules and regulations interfere with how well I am able to do my job" (41% agree or strongly agree).
* $p \leq 0.05$. ** $p \leq 0.01$.

member of color (i.e., not White or Caucasian; $OR = 0.74$, $p < .05$) and female CW caseworkers ($OR = 0.55$, $p < .01$) were less likely to experience moral distress related to rules and regulations. The control variables yielded no significant results. The only significant internal constraint in the model was psychological safety. Those with greater levels of psychological safety had lower odds of reporting that they experienced moral distress due to having too many rules or regulations that interfere with their job ($OR = 0.63$, $p < .01$). Time pressure and job stress also yielded significant results, with greater levels of time pressure ($OR = 1.51$, $p < .01$) and job stress ($OR = 1.77$, $p < .01$) both associated with a greater likelihood of experiencing moral distress related to rules and regulations. See Table 3 for results.

5. Discussion

Given the moral complexity inherent in CW work, acknowledging experiences of moral distress and understanding various constraints that contribute to this phenomenon are key to supporting worker well-being in this profession. Failure to recognize and address experiences of moral distress among CW caseworkers can affect delivery of services to families as well as worker well-being and retention (Epstein & Hamric, 2009; Mänttäri-van der Kuip, 2016). This study aimed to increase attention and research on moral distress in the CW profession.

Similar to nursing and other health care professions (Epstein & Hamric, 2009), having to do things against their better judgment and having rules and regulations that affected their job function were common occurrences in our sample of CW caseworkers. Findings from this study provide insight into the potential prevalence of CW caseworkers who encounter these morally distressing conditions in their work. For example, more than 40% of the CW caseworkers in this study reported that their job required them to do things that were against their better judgment. In the context of CW, doing things that go against the caseworker's better judgment might mean having to place siblings in separate placements due to the limited capacity of foster homes, despite the caseworker knowing that separating siblings during their CW involvement can add to the already traumatizing experience (Wojciak, McWey, & Helfrich, 2013).

Study findings also indicate that more than half of CW caseworkers reported that too many rules and regulations interfere with how well they can do their jobs. This finding echoes moral distress literature on the nursing profession, which suggests that constraints such as professional practices and policies affect staff members' ability to do their jobs and subsequently contribute to experiences of moral distress (Epstein & Hamric, 2009). In CW, this could mean being required to recommend the termination of parental rights (when SUD are involved) to adhere to child permanency policy time frames (e.g., around 15 months of foster care placement; Adoption and Safe Families Act, 1997), despite knowing that achieving sustained recovery from SUD in these policy timeframes is unrealistic (He, Traube, & Young, 2014). Because the CW workers' primary responsibilities center on federal child safety and well-being indicators, policies like the Adoption and Safe Families Act at times place these workers in morally distressing situations. For example, the law might require them to make court recommendations to legally separate children from their biological parents, even when they believe that the child's safety and well-being can be best achieved in the context of parental well-being. As such, it is not surprising that more than 60% of CW caseworkers in our study reported experiencing one or both measures of morally distressing conditions, providing rationale for needed research of this phenomenon in the CW profession.

Additionally, study findings highlight the internal and external constraints that potentially magnify the likelihood of moral distress in this profession. For example, as it relates to internal constraints, results suggest that a lower sense of psychological safety contributed to an increased likelihood of experiencing both types of moral distress. This finding is congruent with findings from the nursing field that a sense of fear or concern over power dynamics with physicians contributes to feelings of moral distress (Epstein & Hamric, 2009). Therefore, it is not surprising that this is also the case for CW caseworkers, who may be fearful of disagreeing with their supervisor's or administrators' decisions on a case plan, resulting in the need to follow a course of action that might go against their better judgment. Low psychological safety could also contribute to feelings of moral distress when CW caseworkers do not feel enabled to take risks on a case that might go against CW rules and regulations. For example, CW court systems often mandate that family reunification be contingent upon parental SUD treatment completion and sustained sobriety (He et al., 2014). However, research suggests that as long as a parent demonstrates that they are continually engaged in SUD treatment, even when there is relapse, reunification with monitoring could be a way to help families to safely reunify (Grant & Graham, 2015). Feeling unsafe to take risks or feeling undermined in their expertise could possibly inhibit CW caseworkers from recommending this latter option and could amplify the feeling that rules and regulations impede their efforts to best serve and advocate for families. However, results show that training and preparation for working in CW were not significantly related to experiences of moral distress. This suggests that rather than a lack of preparation or training in the CW profession, other internal constraints (e.g., psychological safety) might contribute to experiences of moral distress. Another notable finding is that CW caseworkers with more education were less likely to experience moral distress related to doing things against their better judgment. It could be that educational background, more so than training or preparation specific to working in CW, might play a protective role in mitigating moral distress in this profession.

Regarding external restraints, study findings on time pressure and job stress indicate that these external constraints primarily contributed to experiences of moral distress related to how rules and regulations affect CW caseworkers' ability to do their jobs. One explanation for this may be that, as stated previously, CW is a highly regulated profession that adheres to rules and regulations at the organizational, judicial, state, and federal levels (Children's Bureau, n.d.b). Given the ongoing time pressure and job stress associated with their work with families (e.g., investigating child abuse allegations, coordinating treatment services and case plans, and writing court reports), the added pressure of needing to pay constant attention to the many rules and regulations that govern their work could result in CW caseworkers feeling too stressed or having limited time to engage with or deliver crucial services to children and families. Subsequently, this may place CW caseworkers in morally distressing situations wherein external constraints and rules and regulations make it nearly impossible for them to do their jobs, which ideally would primarily focus on improving the well-being and safety of children and families. Conversely, the external constraints of time pressure and job stress were not significantly related to moral distress related to doing things against their better judgment. Although research has suggested that these key external factors affect CW worker well-being indicators such as burnout (Demerouti et al., 2000; Kim, 2011), they do not seem to serve as constraints for CW caseworkers needing to do things against their better judgment. Taken together, these results suggest that external constraints play differential roles in experiences of moral distress, and more nuanced exploration of the relationship between external constraints and moral distress is warranted.

Finally, findings related to demographic and control variables yielded interesting though mixed results. For example, it is unclear why female CW caseworkers in our study were less likely to experience moral distress as compared to their male colleagues, when this does not reflect findings in other studies or other traditionally female-dominated fields such as nursing (Mänttäri-van der Kuip, 2016). Notably, the role of race and ethnicity and the experiences potentially associated with these identities have not been explored in the moral distress literature. Given that racial and ethnic identity has been associated with other workplace well-being indicators (e.g., burnout, workplace discrimination; Shore, Cleveland, & Sanchez, 2018; Wood, Braeken, & Niven, 2013), forthcoming research should explore the association between racial and

ethnic identity and moral distress experiences in CW and other professions. Last, the finding that CW caseworkers with longer tenure were less likely to experience moral distress (related to doing things against their better judgment) warrants further discussion, because research has suggested that more seasoned workers accumulate residual moral distress over time (Epstein & Hamric, 2009). Given that greater client-related burnout was associated with one of the moral distress measures in this study, in the context of moral distress, years as a CW caseworker may play a smaller role than burnout.

5.1. Study limitations

Although it makes meaningful contributions to moral distress and CW workforce literature, this study is not without limitations. First, although this study is among the first to examine morally distressing conditions and the role of constraints among United States public CW caseworkers, it did not utilize a standardized scale of moral distress. Because existing methods of measuring moral distress have only been validated for nursing and other health professions, there is currently no validated way to measure moral distress among CW caseworkers. Therefore, drawing from existing research (Mänttäri-van der Kuip, 2016) and the concept of role conflict in the moral distress literature (Corley et al., 2001), this study provides an exploratory examination of this phenomenon in the CW profession. There is a critical need in the CW workforce research field to develop a measure of moral distress in CW and other helping professions outside of health care. And with moral distress being studied globally (Hamric, 2012), there is also a call for culturally specific definitions and measures of this phenomenon.

Second, the cross-sectional study design limited the ability to test temporal relationships between internal and external constraints as predictors of moral distress and ongoing experiences of moral distress. Because research has suggested that ongoing experiences of moral distress may have a residual effect (Epstein & Hamric, 2009), longitudinal research is needed to examine the role of constraints on experiences of moral distress over time and the impact of residual moral distress on worker well-being. Third, because this study involved secondary data analyses, we could not examine other sources of internal (e.g., perceived powerlessness) and external (e.g., staffing or turnover) constraints (Epstein & Hamric, 2009). Given that moral distress has been minimally studied in the CW profession, empirical research using multimethod approaches is needed to better understand predictors, measures, and outcomes of moral distress. Our study provides a preliminary and limited look at some of the internal and external constraints leading to morally distressing experiences. Therefore, future research is needed to examine other potential internal and external constraints CW workers face that lead to morally distressing experiences. Study findings suggest that a broad exploration of potential internal and external constraints specific to the CW context that contribute to moral distress is merited. Fourth, it should be noted that the study excluded respondents who neither agreed nor disagreed with the moral distress measures used. Therefore, study results only reflect the experiences of those who responded that they agreed or disagreed with the items asked. Finally, the study sample limits the generalizability of the study findings to other CW worker groups such as supervisors, support staff members, and those not employed in public CW agencies (e.g., tribal and private CW workers). Furthermore, the sample was limited in gender (e.g., only binary gender identities were used) and racial and ethnic identities (e.g., the sample was mostly African American or Black and White or Caucasian respondents); future research should include participants with more expansive identities to explore potentially differential experiences of moral distress among diverse groups.

5.2. Implications

This study's examination of moral distress provides insight into the experiences of CW caseworkers who, due to work constraints, often face morally distressing conditions in which they may be unable to ethically practice their profession in a way that best serves the needs of vulnerable children and family involved in the CW system. Because this is one of the first studies to examine morally distressing conditions in this profession, greater attention is needed to increase awareness and knowledge of moral distress among CW caseworkers. This could be achieved through new CW caseworker training and ongoing staff professional development, which can include information on moral distress and its potential impact on worker well-being. Also, because many CW caseworkers hold social work or psychology degrees, educational programs in these and other helping professions should integrate components of moral distress into their curriculum (Fantus et al., 2017). Incorporating the concept of moral distress into CW workforce training and professional development can provide better awareness of these professionals' ethically distressing experiences and promote practices and policies that mitigate the effects of moral distress, including leaving the profession or client disengagement.

Additionally, because psychological safety was the main factor associated with both measures of moral distress, one strategy to mitigate moral distress may be to foster workplace environments with positive psychological safety. Particularly because existing research suggested that psychological safety influences organizational behaviors (Frazier, Fainshmidt, Klinger, Pezeshkan, & Vracheva, 2017), focusing organizational efforts on increasing psychological safety in the workplace may alleviate moral distress among CW caseworkers. This could include organizational efforts to destigmatize perceptions of failure (Edmondson, 2018) and reduce the pervasive culture of blame in CW organizations (He, Grenier, & Bell, 2020), such as encouraging CW caseworkers to challenge the status quo or training supervisors or administrators to develop a climate of psychological safety (Edmondson & Lei, 2014). Potentially, if workers feel psychologically safe in the work environment, they may be more willing to speak up when faced with a morally distressing dilemma, hypothetically experiencing less moral distress while feeling more empowered to advocate for needs of families.

Finally, the internal and external constraints faced by CW caseworkers might contribute to a sense of powerlessness wherein they feel they have little control over their work and practice with families. With national attention on the long history of disproportionality (Kim, Chenot, & Ji, 2011) and institutional racism (Wells, Merritt, & Briggs, 2009) embedded in the CW system, more than ever, CW caseworkers may be exposed to morally distressing conditions as part of their work with families in this ethically complex system. However, even though CW caseworkers are often bound by the bureaucracy and constraints of their organization, this does not mean they have to continue practicing their profession in ways that compromise their moral and ethical values. By empowering CW caseworkers through fostering of moral efficacy (e.g., belief in one's ability to deal with ethical situations at work) and moral courage (e.g., willingness to do the right thing even at a cost to self; Fantus et al., 2017; May, Luth, & Schwoerer, 2014), possibly through moral distress webinars or training and educational modules, CW caseworkers may become better able to address ethical problems and propose solutions, potentially reducing experiences of moral distress (Fantus et al., 2017; May & Luth, 2013; May et al., 2014).

CRediT authorship contribution statement

Amy S. He: Conceptualization, Writing - original draft, Methodology, Formal analysis, Validation, Writing - review & editing, Supervision. **Erica L. Lizano:** Conceptualization, Methodology, Writing - original draft, Formal analysis, Writing - review & editing. **Mary Jo Stahlschmidt:** Conceptualization, Data curation, Writing - original draft.

Declaration of Competing Interest

All contributing authors have no relevant financial interests

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