Home Visitor Professional Well-Being

What It Is and Why It Matters—Executive Summary

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

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Executive Summary

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

Introduction

The SAS-HV project seeks to identify gaps in knowledge about home visitor professional well-being and to develop a conceptual model to support future research, policy, and practice.[1] The Office of Planning, Research, and Evaluation awarded the contract to James Bell Associates, in partnership with Johns Hopkins Bloomberg School of Public Health, MDRC, and the University of Colorado Denver.

Report at a Glance

Audience. Practitioners and researchers

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

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

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

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

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

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

Primary Research Questions

Five research questions guided the project and its key tasks:

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

Methods

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

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

Literature Review Steps

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

Environmental Scan Steps

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

Key Findings and Highlights

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

Literature Review Findings

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

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

Conceptual Model Highlights

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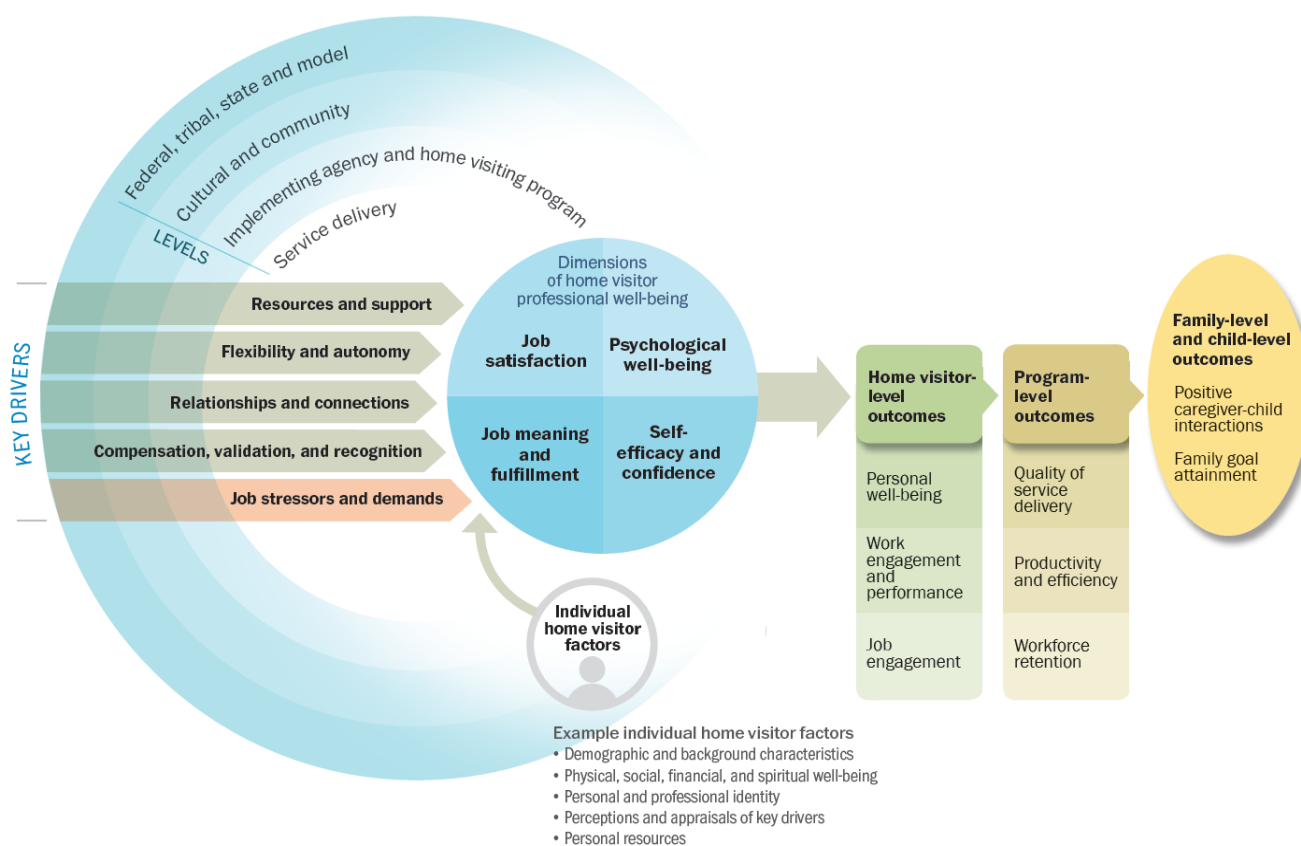
Conceptual Model Key Drivers

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

Conceptual Model Dimensions

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

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

LEVELS
- Federal, tribal, state and model
- Cultural and community
- Implementing agency and home visiting program
- Service delivery

KEY DRIVERS
- Resources and support
- Flexibility and autonomy
- Relationships and connections
- Compensation, validation, and recognition
- Job stressors and demands

Dimensions of home visitor professional well-being
- Job satisfaction
- Psychological well-being
- Job meaning and fulfillment
- Self-efficacy and confidence

Individual home visitor factors

Example individual home visitor factors
- Demographic and background characteristics
- Physical, social, financial, and spiritual well-being
- Personal and professional identity
- Perceptions and appraisals of key drivers
- Personal resources

Home visitor-level outcomes
- Personal well-being
- Work engagement and performance
- Job engagement

Program-level outcomes
- Quality of service delivery
- Productivity and efficiency
- Workforce retention

Family-level and child-level outcomes
- Positive caregiver-child interactions
- Family goal attainment

Environmental Scan Findings

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

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

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

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

Recommendations

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

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

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

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

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

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

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

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

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

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

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

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