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Self-care Curriculum in College Social Work Programs

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Self-care Curriculum in College Social Work Programs

by

Heather Amy Peterson, B.S.W; L.S.W

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members
Lance Peterson, Ph.D., (Chair)
Anita Bissinger, LICSW
Lois Ylvasakir LICSW

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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My in-laws have given me the love and support that only parents can provide. They have given up their free time to support my dreams and for this I am truly grateful. James and Susan not only gave me the gift of their amazing son, they have also given me the gift of having parents.

Abstract

Current studies provide evidence supporting the effectiveness of self-care activities on reducing the symptoms of burnout and compassion fatigue. The education social workers receive on self-care during their graduate and undergraduate programs was analyzed in this mixed-method study. Researcher analyzed data from a quantitative survey of professional social workers that have completed their graduate or undergraduate degree in Social Work. The results of this study determine that no correlation exists between collegiate self-care education and the frequency of engagement in self-care activity; however, the qualitative data found that respondents place a high importance on self-care education and the social work profession taking a role in the self-care education of its social workers. Findings also include respondents' definition of self-care as holistic well-being and self-care activities as being purposeful with the intent of taking care of ones' self. Further research is necessary to determine what factors contribute to a culture of self-care and how this affects the frequency of engagement in self-care activity.

Keywords: self-care, education, holistic well-being, self-care activities, professional role

Self-care Curriculum in College Social Work Programs

Burnout and compassion fatigue among mental health professionals negatively affects the outcomes related to their clinical work (Catlin-Rakoski, 2012; McGarrigle & Walsh, 2011). In a previous study of 10,000 random licensed social workers, thirty-five percent of individuals surveyed identified a high level of professional stress as a reason to consider seeking alternative employment (Center for Health Workforce Studies, 2006). Thirty-eight percent of mental health social workers report psychological concerns as a result of the stress they encounter in their professional roles, seventy percent of health care social workers report feeling stress related fatigue, and twenty-five percent of child protection social workers experience sleep disorders (Arrington, 2008).

Professionals who work with individuals providing therapeutic interventions experience vicarious trauma and compassion fatigue. Increased repetitive exposure to vicarious trauma leads to increased levels of stress. This stress can reduce the provider's attention, concentration and decision making skills (Biegel, Brown & Shapiro, 2007). It has also been indicated that the increased stress can diminish the provider's ability to build engagement and strong relationships with their clientele (Hernandez et al., 2010). However, professionals who engage in self care activities are less vulnerable to symptoms of burnout and compassion fatigue (Baime et al., 2012).

The World Health Organization defines self-care as what people do for themselves to establish and maintain health, prevent and deal with illness. This definition is broad and embodies a theme of holistic care of self (e.g. medication, healthy weight and diet, socialization, financial health, management of stressors, etc.). Various concepts and techniques for self-care have been identified within the social work profession (e.g.,

mindfulness, yoga, loving meditation, self-reflection) and modalities including activities the individual completes independently, within a group of colleagues and activities or strategies implemented by social service agencies (Biegle, et al., 2007; Chestnut, Morch, Rosario & Shinn, 1984; McGarrigle & Walsh, 2011; Williams, Richardson, Moore, Gambrel, Keeling, 2010). These concepts, although varied in technique, are consistently reinforced by researchers as a tool to build resiliency against burnout and compassion fatigue (Arrington, 2008; Baime et al., 2012; 2014; Moore, Perry, Bledsoe, Robinson, 2006; Newell & Nelson-Gardell; 2014; Shannon & Simmelink-McCleary, Hyojin, Crook-Lyon, 2014).

Social workers provide care to others and often do not take time to care for themselves. They often experience overwhelming case loads, increased agency and licensure demands (paperwork, meeting billable expectations or quotas, policy and procedures), long hours, difficult or challenging clientele and environmental distress (McCann, et al., 2013; McGarrigle & Walsh, 2011; Smith, 2015) leaving little time or energy to take care of themselves. The effects of this imbalance cause a ripple effect on the care provided to clients and social workers' ability to process new information, critically think, problem solve, and engage in empathetic relationships with clientele (Catlin-Rakoski, 2012; Chestnut et al., 1984; Norcross, 2000; Wolever, 2012).

Self-care techniques and strategies build resiliency against burnout and compassion fatigue and greatly reduce the degree of symptomology individuals experience (Biegle, et al., 2007; Chestnut, Morch, Rosario & Shinn, 1984; McGarrigle & Walsh, 2011; Williams, Richardson, Moore, Gambrel, Keeling, 2010). Often new social workers are unaware of the emotional distress and day-to-day exposure they will

encounter during their practice in the field. They are often uneducated on the techniques, strategies, and importance of self-care as it is not currently mandated as part of the social work curriculum (Newell & Nelson-Gardell, 2014).

The focus of this mixed method study is to identify the education social workers receive on self-care during their graduate and undergraduate programs. This information is beneficial to practicing social workers, social work students, academic professors who teach social work students and employers of social workers. The researcher's purpose for conducting this survey is to identify if a correlation exists between two variables: respondents' education in self-care during their college curriculum and their engagement in self care activity. Is there a relationship between social work students' education of self-care skills and the frequency of their utilization of those skills? A secondary purpose of the study was to qualitatively identify what respondents thought the role of the social work profession is in regards to emphasizing the importance of self-care, as well as how they define self-care.

Literature Review

Self-care

Research indicates that social work professionals who engage in self-care activities have a higher level of resiliency to compassion fatigue and burnout. Three key self-care categories that have been identified as successful at increasing this resiliency are as follows: 1) independent engagement in self-care activities, 2) self-care activities that groups of workers undertake to support each other, and 3) activities or strategies that are implemented by social service agencies to support self-care practice among their professionals (Banko, 2010; Chestnut, et al.,1984; Smith, 2014; Wyman, 2014).

A summary of the literature provides ample evidence to support the importance of self-care within the practice of social work. Professionals who engage in self-care activities have a higher level of resiliency to compassion fatigue and burnout (Chestnut, et al., 1984). Although multiple studies have been conducted indicating that practitioner self-care is a necessary component in the ethical care of clients, reduces staff turnover, increases staff morale and impacts the quality of care provided to clients, it is often neglected (Hernandez, 2014; Madhavappallil, et al., 2014). Researchers do not debate the need for professionals to engage in self-care skills to combat symptoms of burnout and compassion fatigue. Articles reviewed for this study conclusively support physical, spiritual, therapeutic, and social support as necessary components in the holistic provision of practitioner self-care (Baime, 2012; Biegel, et al., 2007; McCann, et al., 2013; McGarrigle & Walsh, 2011; Norcross, 2000; Smith, 2015).

One of the therapeutic components of practitioner self-care utilized includes

mindfulness based stress reduction skills. These skills have been evaluated for over 25 years and have been found effective in reducing distress and increasing personal well-being in mental health professionals (Biegel, et al., 2007). Self-awareness while noticing the events of the current moment and experiencing the gradual unfolding of emotions, thoughts and behaviors associated with them have proven effective techniques in coping with stress (Baime, et al., 2012; Biegel, et al., 2007; McGarrigle & Walsh, 2011). These skills are beneficial to social workers in their own self-care and in providing ethical care to their clientele (Biegel, et al., 2007; Catlin-Rakoski, 2012; Ray, Wong, White, Heaslip, 2013; McGarrigle, 2011).

In addition to therapeutic self-care, the literature also identifies the benefit of spiritual self-care. Incorporating various types of spiritual support, such as yoga, philanthropic endeavors, and church involvement provide defense against the effects of burnout and compassion fatigue (Newell and Nelson-Gardell 2014). The involvement in these types of activity enhances productivity, personal relationships and connectivity, and reduces susceptibility to the symptoms of burnout and compassion fatigue (McCann et al., 2013; Newel & Nelson-Gardell, 2014; Ray, et al., 2013).

Another important finding in the literature review identified physical activity as a component of self-care. Using physical activity as a self-care strategy such as yoga, running, dancing, hockey, ice skating, and softball can build resiliency to burnout and compassion fatigue (Newell and Nelson-Gardell 2014), increases physical functioning and safety (Lee & Miller, 2013). Engaging in physical self-care enhances an individuals well-being and addresses the physiological symptoms of burnout (Biegel, et al., 2007; Catlin-Rakoski, 2012; Lee & Miller, 2013; McGarrigle, 2011 Ray, Wong, White,

Heaslip, 2013).

Finally, literature reviewed identified the importance of social support self-care. Social support activities include engaging in activities with another social worker as a coping strategy and counteracting burnout and compassion fatigue. Among the social activities that peers provided one another were touching base, sharing concerns, giving and receiving hugs, lunch dates, health clubbing together, and other activities that incorporate problem and/or emotional focused coping support (Chestnut, Morch, Rosario & Shinn, 1984; McGarrigle & Walsh, 2011; Wyman, 2014).

Burnout and Compassion Fatigue

Burnout is defined in the Merriam-Webster Dictionary as "Exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration". Compassion Fatigue is defined in the Oxford Dictionary as "Indifference to charitable appeals on behalf of suffering people, experienced as a result of the frequency or number of such appeals". Research identifies that those individuals who endure high levels of stress are "at risk" for developing joint pain, cancer, obesity, diabetes, and fatigue. Individuals who experience this high level of stress are also vulnerable to a loss in productivity, poor morale, increased absenteeism, decreased memory and ability to process new information (Baime et al., 2012; Beigel, et. al., 2007, Madhavappalli, Kohli & Choi, 2014). Stress related concerns cost our economy approximately 6.6 billion dollars per year (Baime et al., 2012). Additional stressors impacting individuals in helping professions include time pressured deadlines, large caseloads, multiple roles and responsibilities as well as working with emotional clientele (Chestnut et al., 1984).

Research findings also identify the increased vulnerabilities professionals in this field have to substance abuse, relationship difficulties and depression. These symptoms impact the ability of the professional to adhere to their code of ethics in relation to benefitting others, doing no harm and pursuing excellence (Baime et al., 2012; Hernandez, 2014). Professionals with these symptoms who provide services to clientele without engaging in self-care skills are at risk for providing care with reduced effectiveness (Baime et al., 2012; Beigel, et al., 2007; Chestnut et al., 1984). Thirty percent of mental health social workers that provide services to clientele, who displayed either fatal or non-fatal suicidal behaviors, engaged in negative coping skills (Chestnut et al., 1984). Many of these professionals who struggled with managing their work environment were focusing on escape-avoidance behaviors. Examples of this type of coping include drinking, using drugs, smoking, and sleeping (Chestnut et al., 1984; McCann, et. al.; 2013; Ray, et al., 2013).

Previous research identified three demographics that were associated with reduced levels of stress amongst social work professionals. The first was length of time engaged in the social work profession; those individuals who were identified as having multiple years of job experience reported having lower levels of professional job stress. The second was the professional's gender; individuals of the female gender reportedly experienced lower job related stress levels than their male counterparts. The third was the age of the social work professional; older social workers reported experiencing less job related stress than their younger colleagues. The evidence supports that professionals within these groups have lower levels of burnout (Hernandez, 2014; Chestnut, et al., 1984).

Impact on client care

Social workers who experience symptoms of burnout are more apt to engage in boundary violations with clients; have decreased client rapport; engage in destructive behaviors such as financial impulsivity, unhealthy dietary management, self-medicating with overindulgence of alcohol or drugs; have increased absenteeism; and experience job dissatisfaction, and poor morale. Moreover, burnout is positively associated with staff turnover (Baime, 2012; Banko, 2013; Catlin-Rakoski, 2012; Shapiro et al., 2007). All of these behaviors contribute to decreased and unethical client care. The National Association of Social Workers (NASW) adheres to the social work code of ethics. These ethical obligations include self-care as a responsibility of each social worker to ensure competent client care. Self-care practice builds resiliency to burnout, which often includes a decompensation of the worker's ability to express empathy, which in turn creates a barrier for the worker to be fully present for clientele and feel competent in practice (McCann et al., 2013; McGarrigle, 2011).

Education

Social workers are required to obtain formal education to become a member of the profession. A valuable tool that can be offered to these social workers is a solid foundation during their collegiate studies in the area of self-care. Often times, social workers begin their social work practice without the knowledge that daily contact and interaction with their clientele can impact their own mental health, physical well being and ethical care provided to those they serve (Baime et al., 2012; Hernandez, 2014; Newell & Nelson-Gardell, 2014).

Comprehensive self-care training should be the first line of defense in the prevention of burnout; however standardized requirements for incorporating this curriculum into social work practice behavior has not been mandated (Newell & Nelson-Gardell, 2014). Concentration on training social workers to help clients cope with their life stress has been the focus of the education system; yet, little time has been spent on the teaching of social workers to cope with the distress and trauma they experience on a secondary level. In fact, many graduating social work students have little knowledge on identifying the signs of burnout (Moore et al. 2006; Newell & Nelson-Gardell, 2014).

Social workers who are introduced to evidence based self-care practices demonstrate an increased ability to implement those skills into their practice (Shannon et al., 2014). Mindfulness based stress reduction techniques, journaling, seeking supervisory support and guidance from colleagues decreases the vulnerability social workers have to vicarious trauma and compassion fatigue (Newell & Nelson-Gardell, 2014; Shannon et al., 2014). Engaging in self reflection, professional counseling and spirituality, physical activity and social interactions with others can decrease the symptoms that social workers experience and provide a level of resiliency for professional burnout (Moore et al., 2006).

This Council on Social Work Education (CSWE) prescribes and monitors the educational policy and accreditation standards (EPAS) for accredited collegiate social work programs. The EPAS identify nine social work competencies that are used to guide the educational curriculum presented to students enrolled in a BSW or MSW program. Students must demonstrate competency in all nine EPAS to advance and receive their BSW or MSW degree.

This Researcher specifically evaluated the CSWE EPAS and each competency to identify any inclusion or reference of self-care. The first competency, Demonstrate Ethical and Professional Behavior, states; "…… they (social workers) also understand how their personal experiences and affective reactions influence their professional judgment and behavior." This competency identifies the following practice behaviors: 1) use reflection and self regulation to manage personal values, 2) maintain professionalism in practice situations, 3) demonstrate professional demeanor and 4) use supervision and consultation to guide professional judgment and behavior. This is the only competency, EPAS, that resembles any connection to self-care skills.

The NASW identifies specific self-care language citing each social worker has an ethical responsibility to use self-care as a method to ensure competent client care; while the CSWE includes a brief component to educational standards citing use of self-reflection, self-regulation, professional demeanor and use of supervision to guide professional judgment and behavior. This researcher believes that a divide exits between the accredited content of social work curriculum and the social work code of ethics. The NASW clearly supports and requires social workers to engage in self-care, deeming it an ethical responsibility; yet inconsistent language exists directing accreditation standards for practical application of self-care to social work students.

The literature reviewed for this study clearly outlines the importance and necessity of self-care for social workers. Implementation of these skills builds a resiliency to burnout and compassion fatigue (McCann et al., 2013; McGarrigle, 2011). Without engagement in self-care activities social workers are more likely to burnout and engage in negative coping strategies which affect client care (Baime, 2012; Banko, 2013;

Catlin-Rakoski, 2012; Chestnut et al., 1984; Shapiro et al., 2007; Ray, et al., 2013). Standardized self-care education is not a formalized requirement for obtaining a social work degree (Newell & Nelson-Gardell, 2014) and social work students are often not prepared for the emotional experiences they endure in the field (Baime et al., 2012; Hernandez, 2014; Newell & Nelson-Gardell, 2014). This researcher wants to examine the relationship between receiving collegiate self-care coursework and social workers' engagement in self-care activity.

Conceptual Framework

Self-care is an ethical responsibility. Social workers who provide care to others cannot provide competent care without providing care for themselves. The NASW Code of Ethics clearly states that social workers impaired by their own mental health conditions, personal situations, psychosocial distress, and/or chemicals should not allow these issues to affect those for whom they are ethically responsible. Additionally, if these issues impact the worker's ability to provide ethical care, the worker must make accommodations to pursue supervision, consultation and take steps to ensure the ethical care of those they serve.

A theoretical foundation for understanding the importance of education and creation of a culture of self-care among social workers can be understood using the social constructivism theory developed by Lev Vygotsky. Social Constructivism theory stresses the importance of social interaction and the assignment of meaning to ideals by an individual's community (Vygotsky, 1978). Thus, an individual learns information through social interactions and they assign meaning to the information they experience. Based on this theory, social workers who are exposed to an environment endorsing self-

care would identify it as being valuable and important.

Practical application of this theory maintains the idea that an individuals' behavior mirror those he or she has observed within their community. Based upon this theory, individuals practice and engage in skills that are of high value and importance within their community (Vygotsky, 1978). The social work community has not mandated formalized self-care curriculum (Newell & Nelson-Gardell, 2014) or training which, according to the theory of Social Constructivism, suggests that the profession places a lower level of value on the importance of self-care.

Utilization of self-care skills is empirically endorsed for building resiliency and reducing the symptoms of burnout and compassion fatigue. Given the philosophy of social constructivism, it is important to understand the culture regarding self-care during formal education and how it impacts the belief and value system of social workers in regards to use of self-care skills. Applying social constructivism theory to self-care, formalized self-care education and practical application of these skills are vital pre-cursors to daily practice. This builds a foundational value system that reinforces the importance of these skills which, in turn, translates to an increased implementation of self-care by social workers. Based on this theory, educational constructs that provide self-care education and opportunity to practice the skills with an experienced mentor provide social workers with the social learning necessary to view self-care skills as an ethical obligation complying with the ethical code established by the NASW and improving client care.

Methods

Research design

Researcher used a mixed method design to measure the quantitative and qualitative data collected from participants. The primary goal of this research was to determine if a correlation existed between the self-care education social workers received during collegiate training and the frequency social workers used self-care skills. The mixed-method design allowed the researcher to examine a group of social workers and their use and knowledge of self-care skills. Researcher collected participant data utilizing an on-line survey. This method was chosen to answer the researcher's questions because it could be sent electronically to participants and incorporated a much larger sample of social workers than what could be accessed through a personal interviewing method.

Sampling method and collection process. The Self-care Survey (SS) was completed using a probability sample of practicing social work professionals who had received their Bachelors or Masters degree in social work. The electronic survey was administered to the participants at various social service agencies. Researcher informed participants about the purpose of this study, provided education regarding the informed consent and provided clarification on the ramifications of participation in the study. The survey was conducted through Qualtrics and took approximately 20-30 minutes to complete. Participants were asked to answer the questions identified in the survey and submit the completed survey using the Qualtrics system.

Measures for Protection of Human Subjects

Recruitment process. Participants for this study were located using a convenience sampling technique as the researcher was investigating a specific demographic grouping of participants, i.e. BSW and MSW level Social workers. Researcher recruited participants by utilizing publicized contact information made available through on-line internet searches, specifically, social service agencies employing social workers using Google, Firefox and Safari search engines. E-mail invitations were sent to potential participants outlining the requirements of the study, ensuring confidentially, informed consent and inviting participants to engage in the study.

Measures to ensure confidentiality and anonymity. Researcher utilized Qualtrics electronic survey tool to collect participant data; therefore, no identifying information regarding participant name, agency, etc. was collected. All data collected from this study was kept in a locked file cabinet drawer of this researcher's office and was destroyed after completion of data analysis. Computer access to the Qualtrics data collected was password protected and could not be accessed by anyone other than the researcher.

Protocol for ensuring informed consent. The researcher who developed the SS measurement tool did not identify any known risks or identifiable benefits for the voluntary participation in the study. Social work professionals were asked to complete the SS at their convenience and participants were offered the option to complete some, none, or all of the survey questions. The informed consent that was provided to each participant identified the purpose of the study, approximate anticipated time for

completion of the survey questions and detailed information on who to contact for additional information regarding the study.

Researcher presented the outlined research plan for approval from the Institutional Review Board (IRB) from the University of St. Thomas and St. Catherine University to complete the primary SS study. The informed consent form (Appendix B) was included as part of the survey tool and was listed at the beginning of the survey. Continuance of the survey implied the participants' consent to engage in the research study. The informed consent statement was listed in the e-mail invitation to be a participant within the study, included information about the research and was approved by the researchers' designated Institutional Review Board (Appendix B). The informed consent was developed in compliance with the exempt-level University of Saint Thomas IRB and Protection of Human Subject guidelines, including explanation of participant rights to anonymity and confidentiality throughout this study.

Data collection instrument development and categories of questions. The SS was developed by the researcher using a combination of questions assessing the education level of the respondents, general knowledge about self-care skills, training respondents received in their college curriculum, and frequency of self-care skills used by respondents (Appendix C). Respondents were asked to answer the following types of questions: demographic, ordered response, numerical quantity answer and qualitative response.

Proposed Data Analysis Plan

Descriptive statistics. The researcher collected data on the demographics of the

respondent's educational degree. Respondents were asked to identify the highest level of education they had completed by choosing either BSW or MSW. Analysis of this demographic answered the question: How many respondents have completed a BSW degree and how many respondents have completed a MSW degree? The statistical procedure that was used to analyze this variable was a frequency distribution, displayed in a bar graph.

The second descriptive variable for analysis was receiving college coursework on self-care. Receiving college coursework was an interval level variable, operationally defined as the following three questions: "I feel my college coursework taught me how to incorporate self-care into my daily practice; I feel my college coursework taught me how self-care relates to the social work code of ethics; and I feel my college coursework taught me to use self-care practice as a preventative to burnout". Analysis of these variables answered the research question: What is the extent to which social workers are taught self-care skills during their college coursework? For each item, the possible response options range from 1 ("Strongly Disagree") to 3 ("Neither Agree or Disagree") to 5 ("Strongly Agree") along a five point Likert scale. Therefore, possible values for the combined scale score of beliefs about self-care education range from 3 to 15. A higher score indicates a higher level of collegiate education in the area of self-care. The statistical procedure that was used to analyze these variables was measures of central tendency and dispersion, with results displayed in a histogram.

The third descriptive variable was the frequency of engagement in self-care skills. The ratio level variable was operationalized as: "How many days per week do I engage in self-care?" and "How many hours per week do I engage in self-care activity?" The

instructions for these items asked respondents to fill in the amount of days and hours per week they practice self-care. Analysis of this variable answered the question: How often do social workers engage in self-care activity per week? The statistical procedures that were used to analyze this variable were measures of central tendency and dispersion (mean and standard deviation, displayed in a histogram).

Inferential Statistics: Correlation. This inferential statistic examined the independent variable of receiving college coursework on self-care and the dependent ratio level variable of the amount of time spent engaged in self-care activity. The independent interval-level variable, receiving college coursework, was operationally defined above.

Self-care is a ratio level variable. Initially, it was operationally defined with two statements: "How many days per week do I engage in self-care activities?" and "How many hours do I engage in self-care activity per week?" Respondents were asked to identify the number of days per week they engage in self-care activities and the average amount of time they engaged in self-care activity per day. These two variables were combined to identify a weekly average of time spent engaged in self-care activity. The score was analyzed to answer the research question: What is the relationship between receiving college coursework on self-care and the amount of time engaged in self-care activity? The hypothesis was that a relationship between self-care training and the amount of time engaged in self-care activity existed. The null hypothesis was that no relationship between self-care training and the amount of time engaged in self-care activity existed. This relationship was measured using correlation and displayed in a scatterplot.

Qualitative Data Analysis. Qualitative data analysis used a grounded theory (i.e. theory which was based on, or "grounded" in, raw data) to collect and structure the analysis of responses to provide consistent and accurate reflections (Monette, 2009) to the questions: "As a social worker, what do you think is the role of the social work profession in regards to emphasizing the importance of self-care?" and "How do you define self-care?" The researcher analyzed the data collected through reading the responses to the open-ended questions asked of the participants, re-reading them and identifying the recurrent codes, or concepts, that materialized. Researcher noted each of the respondent's responses as the codes emerged.

Results

Quantitative Results

Demographic Characteristics. The study participants' age ranged from 26 to 67 years, with a mean age of 40.12. With respect to participant experience working as a social worker, more than half (53%) of the participants had 15 or more years, 13% had ten to fourteen years, less than one tenth (7%) had five to nine years' experience, and more than one fourth of participants (27%) had zero to four years of experience. Participants' year of graduation from a BSW or MSW collegiate program ranged from 1977 to 2016.

Descriptive Statistics. The first descriptive statistic addressed the research question: How many respondents have completed a BSW degree and how many respondents have completed a MSW degree? Statistical analysis of this nominal variable was conducted through the use of frequency distribution and bar chart. The frequency distribution shown in Table 1 identifies the number of respondents who identified their

level of education as: 1) BSW, 2) MSW. The findings of this study in Table 1 show that 12 respondents (35.3%) were BSW, 18 respondents (52.9%) were MSW and 0 respondents (0%) were identified as Other. These findings show that a majority of the sample has an MSW. Participant responses are shown in Figure 1.

Table 1. *Education Distribution*

Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	BSW	12	35.3	40.0	40.0
	MSW	18	52.9	60.0	100.0
	Total	30	88.2	100.0	
Missing	System	4	11.8		
Total		34	100.0		

Figure 1 visually demonstrates that more respondents identified their level of education as MSW than BSW.

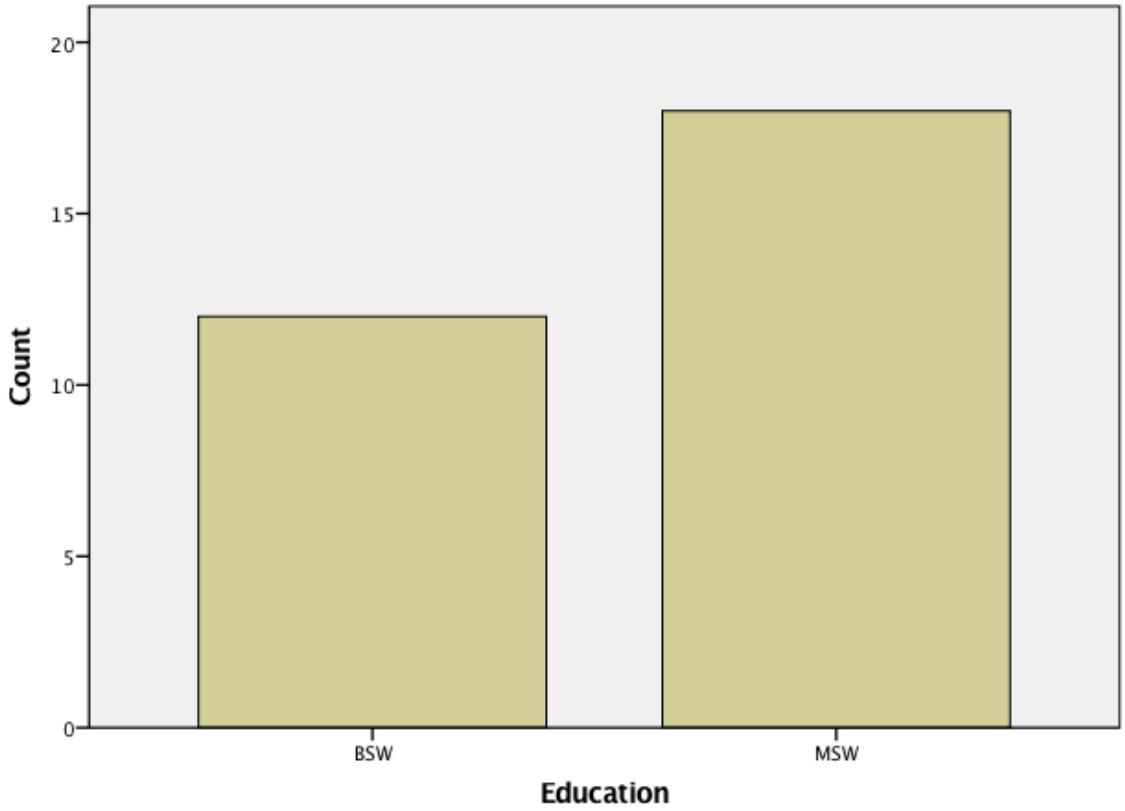

Figure 1. Education Distribution
1 = BSW, 2 = MSW

The second descriptive statistic addressed Self-Care Education in College. Measures of central tendency and dispersion, shown in Table 2 below, identify the respondent's perceptions about the collegiate education they received in self-care. Table 2 shows that, of the 30 participants, the mean response is 8.30, with a standard deviation of 3.61. The minimum response is 3 (indicating strong disagreement to each scale item) and the maximum of 15 (indicating strong agreement to each scale item).

Table 2. *Respondents Perceptions of Receiving Self-care Education in College*

Descriptive Statistics

	N	Range	Minimum	Maximum	Mean	Std. Deviation	Skewness	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error
Education Score	30	12.00	3.00	15.00	8.3000	3.61176	-.016	.427
Valid N (listwise)	30							

The histogram (Figure 2) shows several scores at the low end of the scale, and a concentration of respondents scoring 12 on the scale.

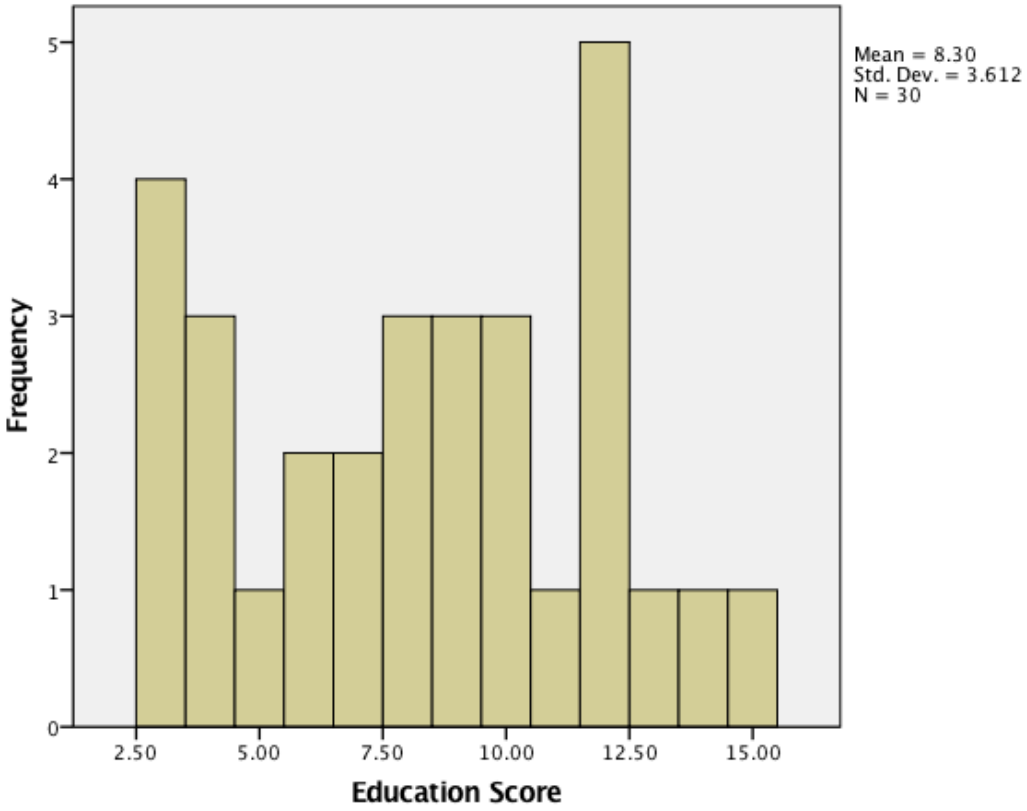

Figure 2. Respondents perceptions of receiving self-care education in college
Minimum = 3.0, Maximum = 15.0

The third descriptive statistic analyzed the frequency of engagement in self-care activity per day. Table 3 shows that responses ranged from a minimum of two minutes (.03) to two hours and eight minutes (2.14). Of the thirty responses, the mean is thirteen minutes per day (.8053). The histogram in Figure 3 shows that the responses are positively skewed, indicated by the longer tail on the right and by the bulk of responses positioned to the left of the mean.

Table 3. *Average Time Respondents Engage in Self-care Activity Per Day*

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation

Daily Average	30	.03	2.14	.8053	.56893
Valid N (listwise)	30				

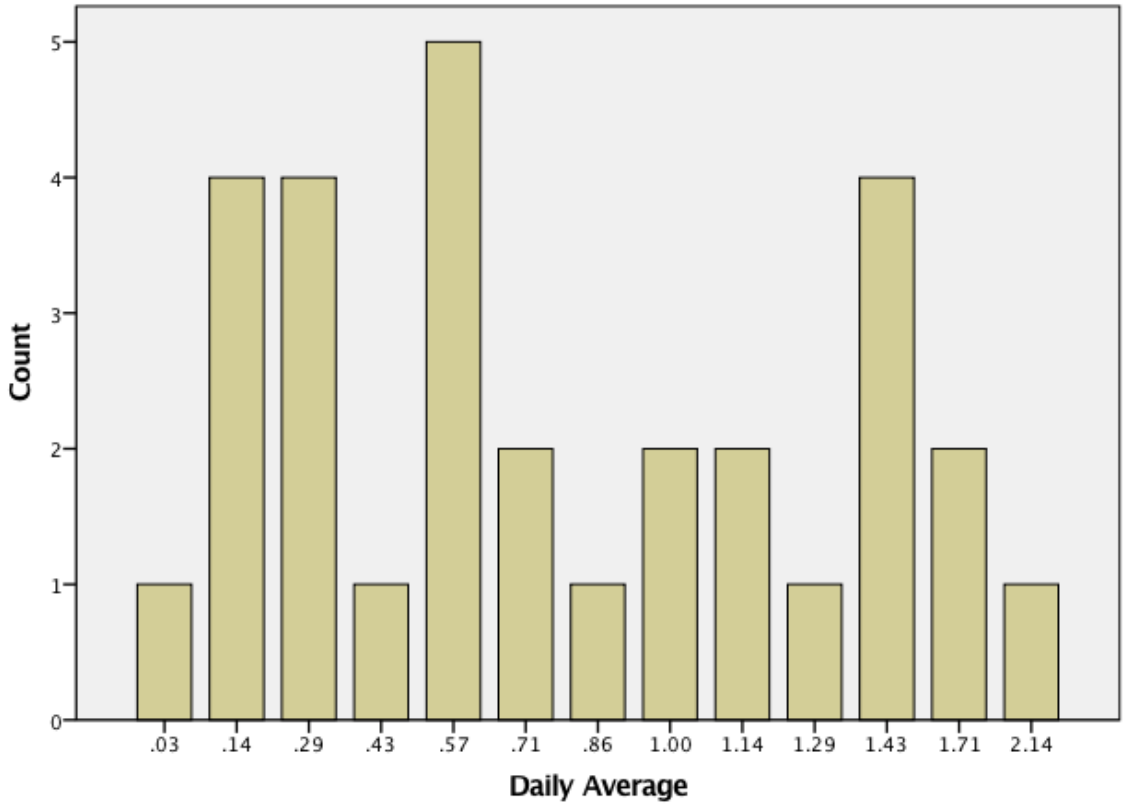

Figure 3. Average Time Respondents Engage in Self-care Activity Per Week

Minimum = 0.3, Maximum = 2.14

Inferential Statistics: Correlation. This study's first variable, the ratio variable labeled Education Score, measures respondents' perceptions of the collegiate education they received on self-care. The second variable, the ratio level variable labeled Daily Average, measured respondents' average daily time engaged in self-care. Table 4 shows the descriptive statistics for each operationally defined variable.

Table 4. *Descriptive Statistics for the Relationship Between Receiving Self-care Education and Daily Average of Time Engage in Self-care Activity*

Descriptive Statistics

	Mean	Std. Deviation	N
Daily Average	.8053	.56893	30
Education Score	8.3000	3.61176	30

The research question for this study is: What is the relationship between receiving college education on self-care and the frequency of engagement in self-care activity? The research hypothesis for this study is: There is a relationship between receiving college education on self-care and the frequency of engagement in self-care activity. The null hypothesis is: There is no relationship between receiving college education in self-care and the frequency of engagement in self-care activity.

Table 5 shows the inferential statistics of the relationship between the two variables, Education Score and Daily Average. The calculated correlation ($r = .163$, $p < .389$) indicates a weak correlation. Moreover, there is no statistical significance for this correlation. Since the p-value ($p < .389$) is more than .05, we fail to reject the null hypothesis. Therefore, the results of this study do not support the hypothesis that there is a relationship between respondents' collegiate education in self-care and the frequency of engagement in self-care activity.

Table 5. *Relationship Between Receiving Self-care Education and Daily Average of Time Engage in Self-care Activity.*

Correlations

		Daily Average	Education Score
Daily Average	Pearson Correlation	1	.163
	Sig. (2-tailed)		.388
	N	30	30
Education Score	Pearson Correlation	.163	1
	Sig. (2-tailed)	.388	
	N	30	30

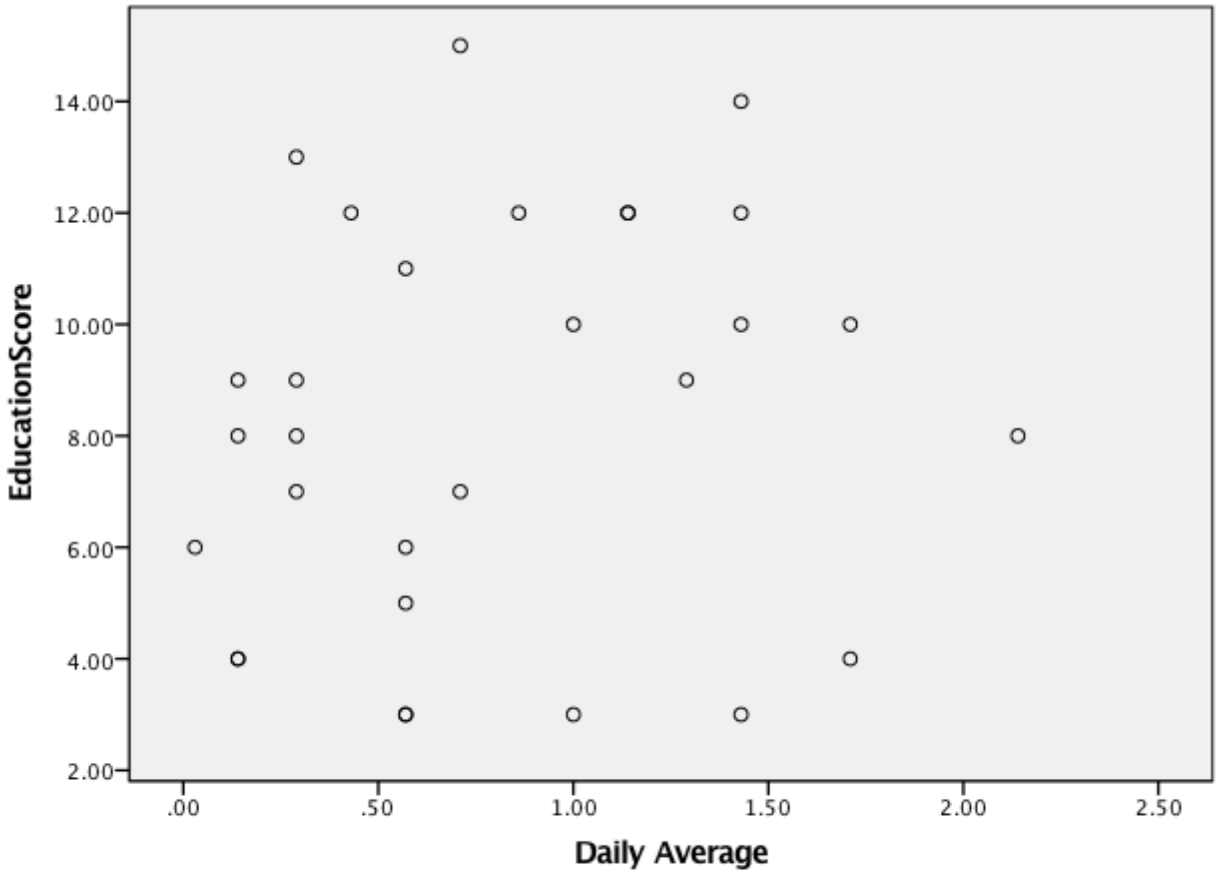

Figure 4. Education and Daily Average

p-value < .389, r = .163

Qualitative Results: First Question

Researcher used grounded theory (i.e. theory which was based on, or "grounded" in, raw data) to structure the analysis of the respondent's responses to provide consistent and accurate reflections (Monette, 2009) to the following two questions: "As a social worker, what do you think is the role of the social work profession in regards to emphasizing the importance of self-care?" and "How do you define self-care?"

The first question respondents answered was: "As a social worker, what do you think is the role of the social work profession in regards to emphasizing the importance of self-care?" Twenty-seven respondents answered this question in the Qualtrics survey; 25 of which provided written commentary addressing the question; two respondents wrote they did not understand the question as written. Data analyzed reflects the themes and codes of the 25 respondents who provided commentary on the researchers' question.

Education. A theme that emerged from the data analysis, and which directly relates to this study is education in self-care. The following quotes from the respondents illustrate this theme:

…..Providing(initial) training and opportunities for brief training during (job training).

It is important to teach self care….

I think we need to do a better job at teaching our students about what they should be doing and the importance of it.

Education and practical applications

Important to teach (self-care) as social work can be quite stressful

After analysis of the respondent's quotes, the researcher identified enough comments on this topic to recognize education as a theme. Of the 25 respondents 13 (52%) identified education as a theme in answering the researchers' question: "As a social worker, what do you think is the role of the social work profession in regards to emphasizing the importance of self-care?" Coding of this theme was inclusive of training, teaching, education, instructional, informational, knowing how, discuss, and model.

Importance of profession emphasizing self-care. A theme that emerged from the data analysis, and which directly relates to this study is the importance of emphasizing self-care. The following quotes from the respondents illustrate this theme:

Very high

Extremely important

Significant

Very important

After analysis of the respondent's quotes, the researcher identified enough comments on this topic to recognize importance of profession emphasizing self-care as a theme. Of the 25 respondents 12 (48%) identified a high level of importance as a theme in answering the researchers' question: "As a social worker, what do you think is the role of the social work profession in regards to emphasizing the importance of self-care?" Coding of this theme was inclusive of significant, very high, extremely important, and very important.

Qualitative Results: Second Question

The second question respondents answered was: How do you define self-care?" Data analyzed reflects the themes and codes of the 27 respondents who provided written reply on the researchers' question.

Holistic Well-being. A theme that emerged from the data analysis is holistic well-being. The following quotes from the respondents illustrate this theme:

Attending to my needs in my daily life, my mental health, physical health, my well-being……

The activities one chooses to engage in physical, emotional and spiritual well-being.
…… caring for your physical, emotional, spiritual and mental self.
Taking care of yourself- mentally, emotionally, religiously, and physically.
Activities that refresh a person physically, mentally, emotionally, and spiritually.
Activities that give love and attention to your mind, body and spirit.

After analysis of the respondent's quotes, the researcher identified enough comments on this topic to recognize holistic well-being as a theme. Of the 27 respondents 19 (70%) identified holistic well-being as a theme in answering the researchers' question: "How do you define self-care?" Coding of this theme was inclusive of two or more of the following: mental health, physical health, taking care of self in all ways, body, mind, spiritual, religion, exercise, enough sleep, balance, healthy eating, and emotional health.

Purposeful Activities. A theme that emerged from the data analysis is purposeful activities. The following quotes from the respondents illustrate this theme:

The activities one chooses to engage in…..

Those activities that one does to keep themselves fresh…… The things one does that

provide stress relief.

Engaging in activities or a way of thinking that intentionally prioritizes yourself…..

…..Engaging in activities that reduce and relieve the stress we encounter every day through our work.

Activities that refresh a person….

Doing something that helps you relax, have fun, reenergize.

Activities that give love and attention to your mind, body and spirit.

Activities that take your body and mind off of daily stressors.

After analysis of the respondent's quotes, the researcher identified enough comments on this topic to recognize activities as a theme. Of the 27 who responded, 14 (52%) identified purposeful activities as a theme in answering the researcher's question: "How do you define self-care?" Coding of this theme was inclusive of the following: activities, doing something, sleep, exercise, knitting, reading, relaxing, having fun.

Discussion

The purpose of this study was to determine if an association existed between receiving college education in self-care and the frequency of engagement in self-care activity. Research from this study indicates that there is no relationship between college self-care education and the frequency of engagement in self-care activity. This study found no statistical significance for the correlation between college self-care education and the frequency of self-care activity; however, the qualitative data collected identified common themes reinforcing the importance of self-care education and of the social work profession having a role in the emphasis of self-care amongst its professionals.

Key Findings and Considerations

The researcher evaluated the self-care education participants received in college (education score). The researcher's analysis of this score revealed a mean score of 8.3, indicating respondents felt that they received a moderate level of education on self-care. This score measured the respondent's self-care collegiate education in the area of incorporating self-care into daily practice, connection to provision of ethical care, and using self-care as a preventative to burnout. Despite the modest mean, it does suggest that social workers in this sample received some education about self-care. This finding is encouraging, as several researchers (Baime et al., Hernandez, 2014; Moore et al., 2006; Newell-& Nelson-Gardell, 2014) found that social workers often began their practice without the knowledge of how daily interaction with clients could impact their own mental health, physical well-being, ability to provide ethical care, and identifying signs of burnout. Perhaps self-care is more strongly encouraged in the locality of this sample. Another interpretation is the possible differences in questions used to measure self-care competence and education, the population and geographic area studied, and/or the education curriculum of colleges attended.

The primary question of this study, whether a relationship existed between self-care in collegiate education and the current practice in time per week of self-care, was not supported. Analysis of the data identifies that a positive correlation exists between the two variables and was in the expected direction; as self-care education increased, the time spent per week engaged in self-care activity also increased. This positive correlation exists and is representative of the small sample size of this study. The researcher suspects that a larger sample size may have revealed a significant finding between the two

variables.

The first qualitative question endorsed the importance of self-care education and identified the social work profession as having a role in emphasizing the importance of self-care through education and training. CSWE EPAS and accreditation standards do not include or mandate self-care practice competencies teaching social workers how to use and engage in self-care, whereas the NASW Code of Ethics identifies that social workers must engage in self-care as a method to ensure competent client care. The NASW expects its professionals to adhere to the established code of ethics (i.e. engage in self care); however, because CSWE fails to mandate self-care practice competencies, MSW-level social workers may be ill-prepared to fulfill adhere to this part of the code. Thus, social workers may be asked to be competent in an area for which they have not received formal collegiate training.

The researcher feels that the discrepancy between the CSWE and the NASW are of significant importance in this study. The disconnect in the mandated education components specifically addressing self-care competencies are congruent with research completed by other researchers (Newell & Nelson-Gardell, 2014) and are reinforced by the respondent answers to this qualitative question. Respondents clearly identified that the social work profession has a role in asserting the need and responsibility for self-care education and training.

The second qualitative question endorsed the importance of holistic well-being and purposeful activities as self-care activities. These findings align with the research completed by other researchers (Baime, 2012; Beigel, et al., 2007; McCann, et al., 2013;

McGarrigle & Walsh, 2011, Norcross, 2000; Smith, 2015). The Oxford dictionary defines holistic and well-being as, "The treatment of the whole person, taking into account mental and social factors, rather than just the physical symptoms of a disease (Holistic, n,d.)" and "The state of being comfortable, healthy, or happy (Well-being, n.d.)." These definitions correlate with the meaning respondents assigned to holistic well-being and the use of purposeful self-care activities. Respondents identified purposeful activity as behaviors that the individual deliberately completes with the intent of being refreshed, relaxed, rejuvenated and intentionally prioritizing oneself. These findings correspond to the research completed by other researchers (Biegel, et al., 2007; Catlin-Rakoski, 2012; Ray, et al., 2013; McGarrigle, 2011).

Strengths and limitations

Researcher identified potential strengths within the design of this study. A cross sectional design provided opportunity for the researcher to investigate the participants during a specific period of time while examining the demographic variables of the participants. This type of data collection provided the researcher with accurate data reflecting the use of self-care skills in correlation with the level of education and college coursework social workers received. Gathering participants through use of publicly advertised information offered both strengths and limitations to this study.

A potential strength was the opportunity to delineate and target only those who were known to be social workers as identified by their credentials within the agency advertisement. A potential limitation of this procedure of participant recruitment was the labor intensive effort to receive adequate response rates. Targeting smaller groups or

select individuals within an agency, without full agency involvement, inhibited or reduced participation within the study.

An additional limitation to this study was the saturation of researchers requesting social work professionals to participate in research activities. These professionals may had been overburdened with multiple requests for research participation and may not have respond accurately or refrained from participating in the study.

The design method used for this study was also considered a limitation. A cross-sectional design only takes a single snap shot observation of information at a specific moment in time. This could have affected the results of the frequency of engagement in self-care activity. A longitudinal design may have provided more accuracy detecting the frequency of self-care activity behaviors over an extended period of time rather than a single observational measurement.

Implications for Future Research

This study creates opportunity for future research to be conducted in expansion of these findings. First of all, given the implications that there is a relationship between collegiate self-care education and the frequency of engagement in self-care activity, it would be beneficial to expand the sample size to determine the strength of the correlation and evaluate for statistical significance. Second, the researcher recommends that further research be conducted to assess the factors that contribute to a culture of self-care. Data collection should be included to identify the intentional behaviors social workers use as self-care, how their environment/employer contributes to the use of self-care and the impact the NASW and CSWE EPAS have on individual use of self-care activity.

Researchers could identify variables that impact the amount of time spent on self-

care activity, what types of self-care support are available to the social worker during their practice, and the attitudes of their environment/employer on the use of self-care activity during their work day. Future study of how these variables affect the engagement in self-care activity could reveal important information that can be used to educate current and future social workers, employers, and shape social work policy.

Policy changes within the CSWE accreditation standards implementing standardized self-care training would emphasize the importance of self-care activity among its professionals. It would provide the educational foundation social workers need to meet the ethical obligations defined by the NASW Code of Ethics. The use of self-care decreases staff turnover, increases productivity and decreases absenteeism (Baime et al., 2012; Beigel, et. al., 2007, Madhavappalli, Kohli & Choi, 2014); educating professionals in this area will save employers money and decrease staff shortages due to stress related concerns.

Implications for Social Work Education

If the relationship between engagement in self-care activity and college education are related, it is imperative to the social work profession to incorporate opportunities for self-care learning and practical application into collegiate social work curriculum. It is also recommended that the NASW and the CSWE partner together to develop a shared meaning regarding the necessity for professionals to engage in self-care activity and address the divide between their two governing bodies. This alignment would reinforce the importance of self-care and could potentially be the catalyst in creation of a self-care culture. In addition to the information identified above, the results of this study could

also be used to address the mental health of social workers, prevent burnout, decrease absenteeism, and increase service delivery effectiveness.

The perceptions of social workers on self-care may also be connected to their environmental/employer expectations with self-care. Employers who have clear self-care expectations and create the opportunity for their employees to engage in self-care activity, may increase the use of self-care activity amongst their staff. This point could be further explained by Social Constructivism, the theoretical framework identified within this study. If an employer actively supports, encourages and expects staff to engage in self-care; the staff are more likely to develop a shared meaning on the importance of self-care. More research would be required to examine the relationship between these concepts to determine if this is the case.

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Appendix A

E-MAIL INVITATION/CONSENT FORM
UNIVERSITY OF ST. THOMAS
GRSW682 RESEARCH PROJECT

Dear Social Workers:

My name is Heather A. Peterson, L.S.W. and a MSW student at University of St. Thomas/St. Catherine University. I am hereby inviting you to participate in a survey about your experience with self-care. The untraceable survey link below will make your participation in this survey both anonymous and confidential.

My purpose in constructing this survey is to understand the extent to which self-care is taught in collegiate social work programs, as well as self-care habits and competency from social workers. My passion for this topic arises from the belief that responding to the needs of our clientele and meeting professional and agency expectations presents concerns in regard to our own health and wellness.

Following are some details about anonymity and survey completion. Please avoid entering any identifying information on the survey. Survey completion should take between 5-10 minutes. Please understand that clicking on the survey link below qualifies as your consent to be a participant of this study. Once your survey is submitted, it is untraceable to an IP address; thus, anything you submit will be used in data analysis. Finally, please feel free to contact me or my professor, Lance Peterson Ph.D. using the information below with any questions about the survey or survey results, should you be interested.

Thank you for your time!

Heather A. Peterson, L.S.W.
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St. Paul, MN 55105
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Lance T. Peterson, LICSW, Ph.D.
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University of St. Thomas/St. Catherine University
2115 Summit Ave.
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Office: 651-962-581

Appendix B

E-MAIL INVITATION REMINDER/CONSENT FORM
UNIVERSITY OF ST. THOMAS
GRSW682 RESEARCH PROJECT

Dear Social Workers:

My name is Heather A. Peterson, L.S.W. and a MSW student at University of St. Thomas/St. Catherine University. I previously sent you an e-mail invitation inviting you to participate in a survey about your experience with self-care. If you are interested in participating in this study, please click on the untraceable survey link below. Your participation in this survey is both anonymous and confidential.

The purpose in constructing this survey is to understand the extent to which self-care is taught in collegiate social work programs, as well as self-care habits and competency from social workers.

Following are some details about anonymity and survey completion. Please avoid entering any identifying information on the survey. Survey completion should take between 5-10 minutes. Please understand that clicking on the survey link below qualifies as your consent to be a participant of this study. Once your survey is submitted, it is untraceable to an IP address; thus, anything you submit will be used in data analysis. Finally, please feel free to contact me or my professor, Lance Peterson Ph.D. using the information below with any questions about the survey or survey results, should you be interested.

Thank you for your time!

Heather A. Peterson, L.S.W.
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Appendix C

Survey Directions

Please answer the following questions.

Part A: (Please check your highest level of education)

BSW _____

MSW _____

What year did you graduate with your degree? _____

What is your age? _____

Please select the number of consecutive years you have been a practicing social worker?

0-4 _____

5-9 _____

10-14 _____

15+ _____

Part B:

Using the Likert Scale below, please answer the following questions. Check the box that best describes your answer.

	Strongly disagree **1**	**Somewhat disagree** **2**	**Neither agree nor disagree** **3**	**Somewhat agree** **4**	**Strongly agree** **5**
I feel my college coursework taught me how to incorporate self-care into my daily practice.	☐	☐	☐	☐	☐
I feel my college coursework taught me how self-care relates to the social work code of ethics	☐	☐	☐	☐	☐

I feel my college coursework taught me to use self-care practice as a preventative to burnout.	□	□	□	□	□

	Strongly disagree 1	**Somewhat disagree 2**	**Neither agree nor disagree 3**	**Somewhat agree 4**	**Strongly agree 5**
I have frequently attended self-care trainings through CEU's.	□	□	□	□	□
I feel that practice experience has taught me how to use self-care	□	□	□	□	□
I feel my supervisors and colleagues have taught me what I know about self-care.	□	□	□	□	□

How many days per week do I engage in self-care activities? _____

How many hours do I engage in self-care activity per week? _____

As a social worker, what do you think is the role of the social work profession in regards to emphasizing the importance of self-care?

How do you define self-care?

_____