2009

A social worker's perspective: Self-care outside of the work environment

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A SOCIAL WORKER'S PERSPECTIVE: SELF-CARE OUTSIDE OF THE WORK ENVIRONMENT

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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ABSTRACT

The research question in this paper explores the potential factors that affect the self-care of social workers outside of the work environment. Previous research looks at work-related factors that lead to job burnout and how to manage this within the workplace. As an exploratory study, this research project examines possible contributory non-work related issues that are impacting the physical and psychological health of social workers. Findings from this study indicate the hypothesis tested to be true as older, more educated social workers practiced self-care techniques more often than younger, less educated social workers. In addition, women in this study were more likely than men to practice self-care behaviors.

ACKNOWLEDGMENTS

I wish to thank my faculty advisor, Dr. Pa Der Vang, for her time and endless assistance with this research project. Your patience and dedication helped this project come to fruition.

DEDICATION

To my social work cohort, thank you for an enjoyable two years. What an interesting journey it has been! Warm coffee, great food, and good times!

My baby, Buddy, you made me smile through all of this hard work. To my dad, Thomas, thank you for always encouraging me to pursue a higher education. To my mom, Donna, thank you for your life-long sacrifices and the endless hours of listening. My brothers, Michael and Aaron, I love you guys. Thank you for always believing in me. Uncle Gary for your unconditional love. Grandma, you are my idol! Thank you for giving me your sense of independence and determination. To my grandpas, I miss you both so much. Grandpa Charlie thank you for coming into our lives, singing your songs, and making us laugh with your hilarious jokes. Finally, to Grandpa Lukasko, who served our country and nurtured me as a child. This Master's degree is dedicated to you. May I be blessed to help those, like you, who sacrifice so much for our country and our freedom.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Social work is seen as a career where individuals work as professional helpers. On a daily basis, social workers are constantly taking care of and helping their clients, the clients' families, their colleagues, and supervisors. Yet at the same time, are social workers allotting time to take care of themselves?

Upon observation, it has been this researchers' experience that it seems like many social workers are not taking time out of their busy schedules, both at work and outside of the work environment, to take care of their own physical and emotional health. Social workers' workdays are filled with caring for others, yet some neglect their own self-care. Personal observations entail seeing social workers practice poor nutritional habits such as overindulging in doughnuts or candy after stressful and frustrating sessions with their clients; seeing a frequent amount of overweight social workers; hearing numerous stories about having insufficient amount of time for sleep and exercise; and seeing social workers

unable to take care of personal appointments due to frantic work schedules.

This particular study looks at how social workers practice self-care outside of their work environment and how it affects their physical and emotional health. A large amount of research exists that studies employee burnout (Gant, 1996; Daley, 1979; Kim & Stoner, 2008; Jenaro, Flores, & Arias, 2007; Gellis, 2002; Davis-Sacks, Jayaratne, Chess, 1985). Most of this research and information on burnout looks at the stress an employee experiences, which usually stems from work-related causes. This study, though, takes a different approach. Instead of looking at the stressors within the work environment, this study explores some factors that affect physical and emotional health outside of the workplace.

Policies, procedures, and regulations within social service agencies attempt to alleviate work-related stress in a number of ways. Some of these tactics include decreasing workloads, giving time off, and creating work incentives. A few other methods that can be used are creating a positive work environment and providing rewards for superior job performances. Despite having these policies and procedures in place, work related

stress still greatly impacts the physical and emotional health of many social workers.

Even though many social service agencies may have the best intentions to take care of their employees, social workers still have to find ways to juggle work-place demands. These work-place demands may be taking there toll and are so overwhelming that they may possibly be impacting how social workers take care of themselves outside of their work environment.

Purpose of the Study

The main purpose for this study is to explore more in-depth how social workers take care of themselves or more specifically, how they practice self-care, outside of the work environment. The research method that was used in order to explore this issue was a quantitative method using a survey questionnaire. Within this survey, questions were asked that examined self-care techniques. Many of the questions inquired about the techniques used to take care of one's health and how she or he felt about the quality of her or his health.

For this study a quantitative analysis was conducted. To get the best possible data for this

analysis, it was necessary to distribute as many surveys as possible. By examining a large sample, it helped to provide a better understanding of this social issue. This data helps illuminate how self-care is, or is not, practiced among social workers. Overall, the data shows that there is some significance in how self-care is practiced among social workers.

The data that was collected came from social workers that worked at a variety of different agencies. Within these agencies there are social workers that have worked in the field for a lengthy period of time and others who have only been in the field for a few years. In addition to this, the social workers come from different genders, various ethnic backgrounds, an assortment of age levels, and a variety of education levels. Studying all of these different groups helped to provide some insight about seasoned and novice social workers that come from an assortment of cultural backgrounds.

Significance of the Project for Social Work

Exploring how social workers take care of themselves outside of the work environment is important for a few reasons. To begin with, the physical and emotional health

of social workers is extremely important. If self-care is not practiced by social workers, stress levels could be higher and their health can be negatively affected. If their health is suffering, this can lead to dissatisfaction with their job and high turnover rates. Job unhappiness and a constant influx of new personnel at social service agencies can negatively affect the clients being served.

A second reason why this issue should be examined further is to see how social workers are adhering to the ethical standards the profession represents. The Preamble in the Code of Ethics put forth by the National Association of Social Workers on their website makes a significant statement. The very first sentence states,

> The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs of empowerment of people who are vulnerable, oppressed, and living in poverty. (http://www.socialworkers.org)

Two of the key concepts in this statement are enhancing human well-being and empowerment. As professional helpers, social workers might be investing

too much time in helping others and not themselves. If social workers are not empowering themselves to practice self-care, then this contradicts some of the goals found in the social work profession. Social workers abide by the concept of empowerment and try to instill this value in their clients. If social workers try to teach their clients to value themselves, then they too should hopefully be doing the same.

Studying this issue more in-depth can also possibly change how social service agencies behave toward their employees. If social work is a profession that is based on helping people help themselves, then employers can participate in sustaining this value as well. Social service agencies can set policies and provide information to their employees about how to practice good healthcare techniques to reduce stress, frustration, and high-anxiety levels.

Another reason why this issue could be explored further is that the research on the topic is unsubstantial. Even though there is research that discusses employee burnout in social service work, this only looks at work-related problems and how these problems impact a person's health (Gant, 1996; Daley,

1979; Kim & Stoner, 2008; Jenaro, Flores, & Arias, 2007; Gellis, 2002; Davis-Sacks, Jayaratne, Chess, 1985). Research is minimal when it comes to understanding how employees manage their health out of the workplace environment. If the research is lacking, then the issue has not received much attention. Therefore, by conducting research from a different perspective, it can contribute to the academia of social work and the research in this field.

A final reason why this project is significant to social work practice is that it can help to educate the professionals who work in this field. Those within the social work profession could become more conscious of the issue, educate themselves, and possibly make lifestyle changes to live a healthier, happier, and more rewarding life. Not only will this be beneficial for social workers, but for their agencies and the clients as well. Social service agencies will not have to invest in continuously training new employees and clients will not have to formulate new relationships and establish trust with social work personnel.

It is hoped that this study will bring a better understanding of the healthcare techniques practiced by

those who work in the social work profession. Since different genders, a variety of cultural backgrounds, and age and education levels are looked at it might provide a better insight as to how these different groups manage their health. The researcher hypothesizes that the more educated and older one is, she or he will more likely engage in self-care techniques. In addition to this, it is assumed that if a lack of self-care occurs outside of the work environment, it will negatively affect the physical and emotional health of social workers.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter explores the literature found surrounding the issue of self-care practices among social workers, along with the theoretical perspectives guiding the studies. Much of the research found about this topic reflects the issue of employee burnout, which usually is caused by job related factors that affect an employee's physical and emotional health.

Literature Review

Knowing what literature exists and the research conducted on particular topics helps with understanding issues found in the field of social work. After looking into the literature about health management and self-care techniques for social work professionals there is limited research surrounding this particular topic. The self-care literature that exists deals with other professionals working in such fields like healthcare, not social workers. The literature surrounding social workers focuses on burnout and the effects of job dissatisfaction. Before the literature focusing on social

workers is addressed, the self-care literature from other professions will be explored first.

The issue of self-care is one that all of us need to be concerned about, whether we are the ones being helped or the ones providing the help. Levin, Katz and Holst (1976) discuss the importance of self-care in the medical profession. The perspective they focus on, though, is from the patient's point of view.

The authors were a part of an international symposium in August 1975 where twenty-nine scholars from Europe, Israel, and the United States of America met in Copenhagen. They addressed their concerns about the medical patients they served and the medical system that treated them. A goal was to find a way to still treat their patients without overburdening the healthcare system.

The goal that was formulated was encouraging the patients to practice greater levels of self-care. If patients received more information about how to properly take care of their health, then this would possibly decrease their dependence on medical professionals and also improve the quality of their health. A decreased

dependence on medical professionals would then lead to a decrease in the amount of patients in medical facilities.

One of the difficulties that the scholars faced at this time were cultural challenges. Many felt that medical patients were accustomed to and dependent on elaborate and expensive technology to fix their health care conditions. Some were afraid that making the suggestion to patients to start taking care of their own health would be rejected by patients. They thought the suggestion of self-care would be seen as absurd folk practice, bound with ineffectual, "indigenous" remedies for health problems. Therefore, trying to change cultural beliefs about what are good medicinal practices would be difficult in this environment. Making self-care more acceptable by providing patients with plentiful information would help to change their point of view and cultural beliefs about personal health maintenance.

An interesting thing to note about the scholars' concerns is that this same concept was also applied to medical professionals. Scott and Hawk (1986) discuss the lack of focus on self-care among medical professionals. They noted two concerns about the "healthfulness" of healthcare professionals. First, if medical professionals

were unhealthy because they did not practice self-care, they too could overburden the medical system like their patients. In addition to this, if the health of medical professionals is sufficient then it also can contribute to the functioning of a good healthcare enterprise.

Having physicians practice good medicine starts with how they take of their health. Shortt (1979) states that The American Medical Association (AMA) defines an impaired health physician as "one who is unable to practice medicine with reasonable skill and safety to patients because of physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs including alcohol". In addition to this, a physician can also be impaired when personal problems interfere with their education, their family life, or with the medical care she or he gives.

One way to address these issues is to tackle them early on in medical school. Mentink and Scott (1986) feel that medical students' curriculum should not only include how to develop skills to take care of their patients, but it should also include information about how they can take care of their health when they become future

physicians. Health consciousness should include knowledge on proper diet, exercise, self-awareness, awareness of others, and ecological awareness.

Through this type of curriculum students learn that diagnosing and treating diseases is only part of their professional responsibility. Their other responsibility is to be a part of "professional framework that teaches values and skills to promote a broader spectrum of health, balance, and integrity" (Mentink & Scott, 1986, p. 237). As an educator and promoter of health they can set a personal example to the patients they serve by living a healthy lifestyle.

The notion of incorporating self-care curriculum for medical students is one that ideally should be done for all of the helping professions. If this is not done then many are negatively affected and suffer burnout. Pines and Aronson (1981) researched worker burnout among 5,000 human service professionals. The professionals worked in careers as nurses, physicians, medical and dental personnel, counselors, psychiatrists, psychologists, social workers, kindergarten teachers to college professors, police and probations officers, journalists, managers and supervisors, politicians, and lawyers.

The study concluded that burnout occurred in three ways: physical, mental, and emotional exhaustion. Those who started their job with high motivation but had an unsupported, stressful job became unsatisfied with their career and reached burnout. If self-care curriculum was intertwined with their career training then burnout might not occur. For social work professionals this also holds true.

From this researcher's experience, self-care curriculum was not incorporated into the graduate program for social work. Without any guidance it is left in the hands of graduate students to seek their own information about stress management. Thus, this was one motivational factor for this research study. After looking into what information that was available on self-care for social workers there is little to no information. Instead, most of the literature focuses on worker burnout.

There is a great deal of information about employee burnout within the workplace and how agencies, administrators, and leaders can work with their employees to increase job satisfaction and prevent workplace burnout. Some of this research examines social service agencies as well. Most of the research looks at job

related factors, such as role stress, job autonomy, and coping strategies that affect the physical and emotional health of the employees. The research also looks at how burnout is achieved and why turnover at certain employment agencies can occur.

Burnout and turnover rates are valid issues of concern among those who work in professions such as social work in the field of human services. While these topics are important, there is limited research that looks at how self-care techniques affect one's physical and emotional health. Therefore, this research project is an exploratory study.

As an exploratory study this project may help contribute to the literature in the field of social work. Some goals for exploratory studies in Grinnell and Unrau (2005) are developing a well-grounded mental picture of what is occurring, generate ideas and develop tentative theories and conjectures, determine the feasibility of doing additional research studies, formulate questions and refine issues for more systematic inquiry, and develop techniques and a sense of direction for future research. If self-care is a new topic in the social work profession then more research can be conducted.

Since this issue is a considerably new area of study, it is similar to the exploratory study done by Gant (1996). He referred to his study as a "pioneering contribution" to understanding how cultural factors affect service delivery and social work staff. This study suggested that culturally sophisticated agencies are better work environments for social work staff and administrators. The concept of culturally sophisticated agencies refers to places of employment that are multidimensional in cultural and ethnic content. Workplace environments that embrace cultural differences and celebrate ethnic diversity will achieve greater work satisfaction among the employees who work there.

By having culturally sophisticated work environments, Gant (1996) argues that it leads to better workplace environments. Without it then it could lead to problems such as job dissatisfaction, burnout, and high turnover rates. In addition to this, Gant also found that social workers deviated from agency policies due to job dissatisfaction. For instance, some employees had difficulty in assisting and advocating for minority clients due to agency policies and procedures. As a result, people who were denied services from the agency

contacted the agency employees frequently. To help meet their needs, many social workers went around agency policies in order to assist the minority clients, which created job dissatisfaction.

Gant's study (1996) also discussed the employee's frustration with their co-workers. Many minority employees had a hard time with their white co-workers. These employees were frustrated by the fact that many of their white co-workers were unaware of minority community programs. Without knowing about these programs, then the client's needs were not being met as well as they could be.

This study also found that after providing more cultural education within the agencies, workplace environments were able to decrease the occupational stress for the workers and provide better services for the clients. For some who work in human services today, the idea of cultural enrichment and awareness are commonplace. Conducting a study on this now might not be seen as progressive as it was ten to fifteen years ago.

Studying the issue of burnout is not a new area of research. Yet even though there is a lot of information about this topic, the issue is still profound. Social

service agencies may have their employee's best interest at heart, but after making personal observations at some facilities, the problem still exist. Is there something else going on here? Are there other issues that need to be addressed? After looking into the literature, the topic of self-care is virtually ignored.

Traditional research on burnout focuses on job satisfaction, job-related stress, and workplace autonomy. Within the literature the only topic that comes close to self-care is about coping strategies. One of the first articles that discussed burnout in the social work profession was done in 1979 by Daley. He defined burnout as a worker's emotional detachment from her or his job as a result from job-related stress. Daley lists preventive approaches to burnout such as timeouts, supervisory support, peer group support systems, and rotation of job assignments.

While Daley's (1979) article is one of the first to explore the burnout issue among social workers, it lacks in research analysis. Davis-Sacks, Jayaratne, and Chess (1985) provide this analysis. They state that at this time there was little research done on the effects of support from supervisors, co-workers, and spouses on

burnout. Their study shows that with an increase in support for these three groups, employee burnout was less likely to take place.

This study was interesting as it also incorporated the support of spouses into the study. Burnout was less likely to occur among those who were married and had the support of a spouse at home. In this study, it also acknowledged that some workers might not be married. If this was the case, burnout for the non-married workers was less likely to occur as long as supervisors and co-workers were able to provide them support.

These early studies on social work employee burnout look at the changes that can be made within the workplace to help deal with work-related stress. Current research reflects this same notion. A study done by Banker (2001) looked at employees at the Department of Behavioral Health. Clinicians stated the variables that contributed to burnout were a lack of supervision and support; high caseloads and paperwork; and redundancy. Clinicians suggested some remedies for work frustrations. One was more guidance from supervisors to help clinicians distance themselves from work problems to help decrease

exhaustion. Clinicians also suggested that they needed more information on coping skills.

A recent study was conducted by Kim and Stoner (2008). Their study on social workers specifically looked at burnout and turnover. From this study they concluded that to prevent burnout, supportive and decentralized work conditions are needed for social workers who are experiencing high role stress. Role stress impacted by job autonomy predicted burnout. Role stress impacted by social support predicted turnover intention.

Kim and Stoner's (2008) study helps to provide data to show how those working in the profession of social work can succumb to burnout. It is useful for this area but it does not deviate from existing research. The studies done by Gellis (2002) and Jenaro, Flores, and Arias (2007) are two articles that look at a different aspect.

Gellis (2002) compares how social workers and nurses cope with occupational stress in healthcare. Problem-solving coping methods and emotion-focused coping methods are examined. In this case, problem-solving methods are efforts to manage or alter conditions that create stress. Emotion-focused methods are classified

into two categories: problem reappraisal and avoidance. Those who were able to master each of the methods were less likely to face burnout.

Gellis' study (2002) seems to come close to the issue of self-care but it is vague in one area. She does not specifically explore what emotion-focused methods are. Jenaro, Flores, and Arias' (2007) article, whose article also discussed these two methods, explains the techniques slightly better.

Jenaro, Flores, and Arias (2007) examine if Spanish human service practitioners suffer from burnout. This study is relatively connected to the issue of self-care, but it does so in a broad aspect by looking at coping strategies. Two strategies are used (a) problem-focused strategy and (b) emotion-focused strategy.

Problem-focused coping strategies entail planning and active coping; focus on efforts to solve the problem; social support; personal growth; and positive reinterpretation. Emotion-focused coping strategies are religion; humor; alcohol and drug intake; disengagement; focus on and venting of emotions; acceptance; denial; and restraint coping.

The emotion-focused coping strategies come close to self-care techniques but on a larger scale. Topics such as exercise, personal time, and time management are not incorporated into the coping strategies. Daily health habits and health management are ignored.

Theories Guiding Conceptualization

One theory guiding this study is social-learning theory. This theory proposes that social behavior is learned mostly by observing and imitating the actions of others (Franzoi, 2003). In addition to this, behavior is learned because one is either rewarded of punished for the behavior she or he engages is.

Social-learning theory applies to how social work professionals learn and participate in self-care techniques. If others around them, such as colleagues and supervisors at social service agencies, encourage and practice health management then social workers will follow this lead.

Another theory guiding this study is Erikson's eight stages of development. His theory of psychological development focuses on how personalities evolve over one's lifespan as she or he biologically matures and

interacts with the demands of society (Zastrow & Kirst-Ashman, 2007). When young professionals first enter the field of social work they might be optimistic and hopeful about what the career entails. This outlook can change, though, as demonstrated in the research.

With a lack of support, growth, and autonomy burnout occurs and turnover rates increase. A worker may feel stunted in their personal and professional development if frustration issues are not acknowledged. In addition to this, without the practice of self-care, the physical and emotional health of the worker is affected. To prevent workers from feeling disillusioned with their job, then these issues need to be addressed. Helping employees cope both within and outside of the work environment is not only beneficial to them, but to the agency and to the clients that are served.

A final theory that guiding this study is path-goal theory. Northouse (2007) describes this theory as the way leaders enhance employee performance and employee satisfaction by focusing on employee motivation. Directive, supportive, and achievement-oriented leaders in social service facilities can set the standard for a holistic work environment. These leaders can motivate

social workers to practice self-care. Once this is set in motion, social workers can achieve greater levels healthiness. In return, both social service agencies and the clients that are served will benefit from the assistance of happier, healthier social workers.

Summary

Previous research on the causes for burnout and employee turnover in the social work profession has focused on circumstances within the job. Some of the information discussed coping strategies for social workers in their work environment. The research literature is limited and does not address how social workers should maintain their health on a daily basis in order to decrease stress levels both in their personal and professional lives.

CHAPTER THREE

METHODS

Introduction

This chapter entails the research methods used for the study. A quantitative approach was used in order to obtain the data. Surveys were given to social workers at various social service agencies that were willing to participate in the study. Informed consent and debriefing statements were also given to each research participant. The data that was collected will remain anonymous as it is kept in private envelopes. All of the data will also remain confidential since it is in a locked filebox at the researcher's home, where it will be kept for one year.

Study Design

The purpose of this study was to conduct an exploratory research study. Most of the literature on this topic of health management focused on factors that create stress and lead to burnout within the work environment. This study, though, focused on what social workers do outside of the work environment to reduce stress levels and to take care of her or his physical and

emotional health. Since a different approach was taken to look at employee stress and burnout, an exploratory research study was useful.

Fulfilling the goals of an exploratory study can be accomplished for this topic. It is important for social workers to be health conscious and know what is occurring among their peers. New theories can be developed for future research studies.

The research method utilized in this project was a quantitative approach. A quantitative analysis was useful because a number of social workers were surveyed about their practice of self-care. After working with social workers for a number of years, this researcher noticed that a general theme started to emerge. It was noticed that many of these individuals who care tremendously about others and help people on a daily basis, sometimes did not take time to help themselves. That is, they do not practice self-care. The survey questionnaires were given to some of these individuals and these individuals also gave the survey to their colleagues who were interested.

The survey was used as an attempt to explore how often social workers practiced self-care. In addition to

this, the survey also looked at how social workers feel about the quality of their health. One hypothesis the researcher has is that the more educated and older a social worker is, she or he will more likely engage in self-care techniques. Usually the older one is and the more education one has, a person will engage in better health practices. Younger, less educated individuals on the other hand are more likely to engage in riskier behavior. In addition to this, the researcher assumes that if a lack of self-care occurs outside of the work environment, it will negatively affect the physical and emotional health of social workers.

A few limitations may occur within the study. One limitation might be that the social workers were not being completely honest with their responses. For example, social workers might have answered in a way that they perceive as the correct or expected answer, as opposed to how they really live their lives. These participants might be embarrassed about their lifestyle and answer differently than how they actually live.

A second limitation that might have happened in this study is that the research participant could have been in a rush when she or he answered the survey questions. If

the research participants were pressed for time, then they might have hastily completed the survey. Questions could have been read incorrectly and an inappropriate answer might have been given. This could impact the data results and research findings.

Sampling

The type of sample that was used for this study was availability sampling, also known as convenience sampling. Since this area seems to be a newer topic, using a convenience sample helped with understanding some of the prevailing attitudes about self-care.

In addition to this, availability sampling was used because using a systematic technique to select the respondents did not pertain to this study. This study was done to obtain an idea about the practice of self-care, or the lack thereof. The sample consisted of approximately sixty-two research participants. The social workers that were given the survey came from a variety of social service agencies.

Data Collection and Instruments

For this study, the independent variables are the self-care techniques that were practiced and the

dependent variable is the overall health of the social workers. The variables were measured by looking at such things as exercise amounts; vitamin intake; use of alcohol, cigarettes, and caffeine; amount of sleep; and annual medical and dental check-ups.

The instrument that was used was a one-page questionnaire that had a total of twenty-four questions (Appendix A). The majority of the questions came from the Self-Care Questionnaire (Najavits, 2002). The last three questions came from the Health Survey Short Forms (Corcoran & Fischer, 2000). The questions from both of these surveys were combined into one survey to gather the best possible data from the research participants.

Questions five to twenty-one came from the Self-Care Questionnaire were yes or no answers. Question number twenty-two asked participants to rate their health from "poor", "fair", "good", "very good", and "excellent". Question twenty-three asked participants to compare their health today from one year ago. The answers for this question started from "much better than one year ago", "somewhat better than one year ago", "about the same as one year ago", "somewhat worse now than one year ago", and "much worse now than one year ago".

The last question, number twenty-four, on the survey asks the participant to mark within a true or false range for four questions. Question twenty-four (a) states: "I seem to get sick a little easier than other people". Answer responses are: "definitely true", "mostly true", "don't know", "mostly false", and "definitely false". The remaining three questions, twenty-four (b), (c), and (d) state: "I am as health as anybody I know", "I expect my health to get worse", and "My health is excellent" respectively.

Procedures

The researcher asked a variety of social workers if they would like to participate in a research study. When she or he said yes, the surveys were handed out to the participants, along with an envelope to secure privacy. The participants were able to return the survey in the envelope and mail it to the researcher or they were able to hand it directly back to the researcher. Some surveys were handed out in bulk and then picked up a few days or a week later. A few surveys were emailed to the researcher.

Protection of Human Subjects

The research participants' anonymity was protected as the surveys were kept private in envelopes and no identifying information was asked. The surveys mailed to the other agencies remain anonymous because the researcher is not in direct contact with the participants from these locations. The surveys that were emailed to the researcher were scanned surveys sent from an individual who did not take the survey. This individual did hand out the survey to fellow colleagues, collected and scanned the surveys, and then emailed them to the researcher.

Confidentiality is maintained as the data is kept in a locked filebox at the researcher's home. No unauthorized access is allowed or can be achieved. The data will remain in the locked filebox for one year.

Informed consent (Appendix B) and debriefing statements (Appendix C) were included with the survey. Through these two documents, the participants understood fully what the research study entailed and who to contact if they have any additional questions or concerns after the survey was completed.

Data Analysis

The data was analyzed using two types of test. To measure "gender" variables the independent-samples t-test was used. To analyze the variables "ethnicity", "age", and "education level" the one-way between-groups analysis of variance was used. Each variable was tested to see if there were any statistically significant differences.

Summary

For this research project a quantitative analysis was used. To gather the data a survey questionnaire consisting of approximately twenty-four items was distributed. A convenience sampling was used to gather data among social workers. The data analysis tests that were used were independent-samples t-test and the one-way between-groups analysis of variance.

CHAPTER FOUR

RESULTS

Introduction

This chapter is a presentation of the results. Data that were researched looked at the differences in self-care between "gender", "ethnicity", "age", and "education level". Each of these groups were examined to see if there were any differences in how one group took care of themselves compared to another group.

Presentation of the Findings

In the survey questionnaire, from question number five to question number twenty-one the answer responses are "yes" and "no". The value label labels assigned to "yes" was 1 and 2 for "no".

The sample in this study consisted of a total of 62 participants. The gender breakdown consists of 74.2% females (n = 46) and 25.8% males (n = 16).

Ethnicity is comprised of five categories. 11.3% were African American (n = 7). 8.1% were Asian American/Pacific Islander (n = 5). 35.5% were Hispanic/Latino (n = 22). 43.5% were White/Caucasian (n = 27). 1.6% were Other (n = 1).

The age categories were divided into six groups. 14.5% were in the 18 to 29 age group (n = 9). 24.2% were in the 30 to 39 age category (n = 15). 32.3% fell in the 40 to 49 age group (n = 20). The 50 to 59 age category was 17.7% (n = 11). 11.3% were in the 60 to 69 age group (n = 7). The final category was 69 and over but no participants fell under this age group.

Education level ranged from high school graduate to Doctorate degree. 3.2% were high school graduates (n = 2); 1.6% had an Associates degree (n = 1); 11.3% had a Bachelors degree (n = 7); 71.0% had a Masters degree (n = 44); and 12.9% had a Doctorate degree (n = 8).

The data were analyzed using two different tests. The independent-samples t-test was used to measure gender and one-way analysis of variance was used to measure ethnicity, age, and education level.

Of the twenty-six variables tested seven showed a significant difference between females and males. An independent-samples t-test was conducted to compare the difference in "not smoking cigarettes" between females and males. There was a significant difference for females (M = 1.39, SD = .493) and males (M = 1.12, SD = .342); t (38) = 2.37, p = .023 (two-tailed).

The second area of difference between females and males was "going to the doctor for problems that need medical attention". There was a significant difference for females (M = 1.11, SD = .315) and males (M = 1.00, SD = .000); t (45) = 2.34, p = .024 (two-tailed).

A third difference between men and women was "visiting a dentist for problems that needed medical attention". There was a significant difference for females (M = 1.22, SD = .417) and males (M = 1.00, SD = .000); t (45) = 3.53, p = .001 (two-tailed).

Another difference between women and men was found in "having at least one hour of free time for self per day". There was a significant difference for females (M = 1.50, SD = .506) and males (M = 1.12, SD = .342); t (39) = 3.30, p = .002 (two-tailed).

There was also a significant difference between men and women when it came to "doing something pleasurable everyday". For females (M = 1.41, SD = .498) and males (M = 1.06, SD = .250); t (51) = 3.63, p = .001 (two-tailed).

Between men and women there was also a significant difference in how they "rated their health today compared to a year ago". For females (M = 3.07, SD = .854) and

males (M = 2.25, SD = .856); t (60) = .295, p = .002 (two-tailed).

Also there was a significant difference in how females and males "consider themselves to be as healthy as anyone they know". For females (M = 2.37, SD = .878) and males (M = 1.88, SD = .719); t (60) = 2.02, p = .047 (two-tailed).

A one-way between groups analysis of variance was conducted to explore the impact of ethnicity on each of the variables. There was a significant difference between those who did "not smoke cigarettes", "those who go to the doctor for problems that need medical attention", among those who "go to the dentist for problems that need medical attention", among those who "go to the doctor for annual check ups", and between those who "have at least one person in their life that they can truly talk to".

For those who do "not smoke cigarettes" there was a statistically significant difference at the $p < .05$ level in not smoking for the five groups: $F (3, 57) = 4.6$, $p = .003$. Despite reaching statistical significance, the actual difference in mean scores between groups was quite small. The effect size, calculated using eta squared, was .02. Comparisons using

the Tukey HSD test indicated that the mean score for White/Caucasian (M = 1.07, SD = .267) was significantly different from the category Other (M = 2.00, SD = .000).

Among those who "go to the doctor for problems that need medical attention" there was a statistically significant difference at the $p < .05$ level in going to the doctor for the five groups: $F (3, 57) = 3.0$, $p = .02$. Despite reaching statistical significance, the actual difference in mean scores between groups was quite small. The effect size, calculated using eta squared, was .02. Comparisons using the Tukey HSD test indicated that the mean score for Asian American/Pacific Islander (M = 1.40, SD = .548) was significantly different from African American (M = 1.00, SD = .000) and White/Caucasian (M = 1.00, SD = .000).

Among those who "go to the dentist for problems that need medical attention" there was a statistically significant difference at the $p < .05$ level in going to the dentist for the five groups: $F (3, 57) = 5.3$, $p = .001$. Despite reaching statistical significance, the actual difference in mean scores between groups was quite small. The effect size, calculated using eta squared, was .02. Comparisons using the Tukey HSD test indicated that

the mean score for Asian American/Pacific Islander (M = 1.80, SD = .447) was significantly different from White/Caucasian (M = 1.07, SD = .267) and the category of Other (M = 1.00, SD = .000).

Among those who "go to the doctor for problems an annual check up" there was a statistically significant difference at the $p < .05$ level in going to the doctor for the five groups: $F (3, 57) = 3.2$, $p = .019$. Despite reaching statistical significance, the actual difference in mean scores between groups was quite small. The effect size, calculated using eta squared, was .02. Comparisons using the Tukey HSD test indicated that the mean score for Asian American/Pacific Islander (M = 1.60, SD = .548) was significantly different from White/Caucasian (M = 1.04, SD = .192) and the category of Other (M = 1.00, SD = .000).

Among those who "have at least one person in their life to truly talk to" there was a statistically significant difference at the $p < .05$ level for the five groups: $F (3, 57) = 14.6$, $p = .000$. Despite reaching statistical significance, the actual difference in mean scores between groups was quite small. The effect size, calculated using eta squared, was .02. Comparisons using

the Tukey HSD test indicated that the mean score for the category of Other (M = 2.00, SD = .000) was significantly different from African American (M = 1.00, SD = .000), Asian American/Pacific Islander (M = 1.00, SD = .000), and White/Caucasian (M = 1.00, SD = .000).

Within the age groups there is only one area that had a significant difference. Among those who "have a daily 'to do' list" to keep organized there was a statistically significant difference at the $p < .05$ level for the five groups: $F(4, 57) = 2.8$, $p = .03$. Despite reaching statistical significance, the actual difference in mean scores between groups was quite small. The effect size, calculated using eta squared, was .02. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for the category in age group 30 to 39 (M = 1.67, SD = .488) was statistically different from age group 40 to 40 (M = 1.20, SD = .410).

In the education level those who had an increased education level were less likely to smoke cigarettes and more likely to drink alcohol in moderation. A one-way between-groups analysis of variance was conducted to explore the impact of education level and all the variables. There was a statistically significant

difference at the $p < .05$ level for "not smoking cigarettes" for the five groups: $F (3, 57) = 2.8$, $p = .03$. Despite reaching statistical significance, the actual difference in mean scores between groups was quite small. The effect size, calculated using eta squared, was .02. Comparisons using the Tukey HSD test indicated that the mean score for the High School ($M = 2.00$, $SD = .000$) and Associate degree level ($M = 2.00$, $SD = .000$) was statistically different from the Doctorate level ($M = 1.12$, $SD = .354$).

A one-way between-groups analysis of variance was also conducted to explore the impact of education level and "drinking alcohol". There was a statistically significant difference at the $p < .05$ level for the five groups: $F (3, 57) = 2.6$, $p = .04$. Despite reaching statistical significance, the actual difference in mean scores between groups was quite small. The effect size, calculated using eta squared, was .02. Comparisons using the Tukey HSD test indicated that the mean score for the High School ($M = 2.00$, $SD = .000$) was statistically different from Associate degree level ($M = 1.00$, $SD = .000$).

Summary

Chapter Four reviewed the results extracted from the research project. The results showed a significant difference among women compared to men in "not smoking cigarettes"; "going to the doctor and dentist more frequently"; "having an hour of free time per day" and "doing something pleasurable daily"; how they "rate health compared to a year ago"; and "being healthy as anyone they know". White/Caucasians were less likely to smoke cigarettes but more likely to go to the doctor and dentist. The ethnicity group of Other was less likely to "have someone to talk to in their life" compared to the other ethnic groups. 40 to 49 year olds are more likely to be organized with a daily "to do" list compared to 30 to 39 year olds. Finally, the more education the subject had the less likely they were to smoke and more likely to drink alcohol in moderation

CHAPTER FIVE

DISCUSSION

Introduction

Included in Chapter Five is a presentation of the conclusions gathered as a result of completing this research project. This project was done as an exploratory project to see if there are any significant findings in how social workers practice self-care outside of the work environment.

Discussion

After using the independent-samples t-test and the one-way between-groups analysis of variance to analyze the variables of "gender", "ethnicity", "age", and "education level" the hypothesis tested to be true, but only for a few variables. The original hypothesis was the older and more educated one is, the more likely she or he will practice self-care techniques. In addition to this, it was assumed that if a lack of self-care occurred outside of the work environment, it would negatively affect the physical and emotional health of social workers.

When looking at one's level of education there was a significant difference in two variables. In the first variable, the more education one had the less likely that she or he would smoke. Those who were high school graduates and had an Associates degree smoked cigarettes significantly more than those with a doctorate degree. Compared to those who had a Bachelors and Masters degree, high school graduates and those with an Associates degree smoked slightly more than them.

For the second variable, the more education one had she or he was more likely to drink alcohol in moderation. Again high school graduates did not drink alcohol in moderation compared to those who had a higher education level. There was a significant difference between high school graduates and those with an Associates degree. Compared to the other three groups there was a slight difference.

Education levels can play a part in the decisions one makes. If one has access to more information then she or he will make a more educated decision. When it comes to healthcare, if one knows the detrimental effects of drugs, alcohol, and cigarettes then she or he is less likely to use them.

Mirowsky and Ross' (2007) study demonstrates that educated individuals are more likely to have healthier lives and take care of themselves. A total of 2,592 adults were studied in 1995 and a follow up occurred three years later in 1998. Findings from this study indicate that individuals with higher levels of education tend to have more creative job professions compared to those with less education, thus feeling healthier and having fewer physical problems. Those with a lower level of education had less creative jobs such as working on assembly lines, and had a less satisfying life.

Age also played a part only in the researcher's study. For those in the 40 to 49 age group they were more like to stay organized by using a daily "to do" list compared to the 30 to 39 age group. As a form of stress management older individuals seem to keep their lives more organized compared to their younger counterparts.

For this study, age did not make a difference when it came to medical attention. For older adults, though, according to Hooyman and Kiyak (2005) they are more likely to seek medical attention. On an annual basis, the frequency of visits to see the physician is 1.3 for those between the ages of 25 and 44, 7.3 annual visits for

people aged 45 to 64, 11.4 visits for those between the ages of 65 to 84, and 15.0 visits per year for those 85 and older.

Besides what the researcher hypothesized, there are a few other interesting things that came from this project. Women practiced self-care techniques more often than men in a few areas. First, women were less likely to smoke cigarettes than men.

A second way women took care of their health more so than men was by going to the doctor and dentist for problems that needed medical attention. Women also scheduled an hour a free time for themselves more than men did. Similarly, they also did something pleasurable everyday. Suggestions on the survey for doing something pleasurable were going for a walk, yoga, art, listening to music, play with pets, read to children, or watch a favorite TV show.

As far as rating their health, women felt that their health was better today than it was a year ago compared to men. In addition to this, women also claimed to be as "healthy as anyone that they know" more than men claimed this.

Men and women vary when it comes to taking care of personal health. Men are less likely to seek assistance for medical care compared to women. Galdas, Cheater, and Marshall (2005) report that "men are less likely than women to seek help from health professionals for problems as diverse as depression, substance abuse, physical disabilities, and stressful life events" (p. 617). One reason for this are the beliefs that men have about masculinity and help-seeking behavior. Men are less likely to go to their physician for medical care compared to women simply because of prescribed norms.

Another area where social workers varied in self-care techniques was in ethnicity. White/Caucasians smoked significantly less than those who considered themselves as Other. When it comes to healthcare, White/Caucasians tend to seek medical attention more frequently. First, for those who go to the doctor for medical problems that need attention both White/Caucasians and African Americans go more often than Asian Americans/Pacific Islanders. Next, White/Caucasians and those who consider themselves as Other also go to dentist for medical problems that need attention more often than Asian Americans/Pacific Islanders. Finally,

White/Caucasians and those who consider themselves as Other also see their for doctor annual checkups more often than Asian Americans/Pacific Islanders.

One last area of significant difference was having at least one person to they could truly talk to. Those who considered themselves as Other did not have someone to talk to compared to White/Caucasians, African Americans, and Asian Americans/Pacific Islanders.

A thing that is interesting from this information is that Asian Americans/Pacific Islanders tend to seek medical attention from the doctor and dentist less than other ethnic groups. This might be the case because this ethnic group beliefs about western medicine (Zastrow & Kirst-Ashman, 2007). For some Asian Americans and Pacific Islanders they tend to practice medical techniques that are native to their country of origin. This may also be the case for some of those who participated in this research study.

Recommendations for Social Work Practice, Policy and Research

After exploring this topic there is are some things that social workers can learn. First, Mentink and Scott (1986) introduced self-care curriculum for medical

professionals. This same step could also be incorporated into the curriculum of social work. If we advocate for the well-being of our clients, then social workers also need to advocate for their own health.

Healthcare is an issue that should not be taken lightly. Professionals who work in the social work field need to educate themselves about good health management. It should also be the responsibility of social service agencies to provide this information.

Social workers help others help themselves by linking them to resources. One of the many roles that social work professionals do is give a client information about a problem she or he is facing. These problems can range from emotional problems that need psychological assistance or medical problems that need attention from health professionals. If social workers behold a vast wealth of knowledge that is given to others, then they can also do the same for themselves.

It might be the time for social service agencies to take this issue more seriously. More research needs to be done, though, about self-care techniques and how often it is practiced. Social work scholars need to make healthcare and health management a priority. If the issue

is studied more it will help to educate those working in the profession. If the issue is not made a priority then social service agencies will not take it seriously. Without this policies cannot be put forth to help educate social workers and make them more health conscious.

Conclusions

The health of all individuals is important. Accessing resources to obtain healthcare information can be difficult for some individuals. As social workers it is our ethical duty to assist these clients. The seriousness that social work professionals have when it comes to caring for our clients also needs to be incorporated into their lives as well. Self-care is vital for people working in helping professions, including social workers. It is time to make self-care a priority.

APPENDIX A

QUESTIONNAIRE

Self-Care Questionnaire for Social Workers

1. Gender: Female___ Male___
2. Ethnicity:
   African American___ Asian American/Pacific Islander___
   Hispanic/Latino___ White/Caucasian___ Other_____
3. Age: _____
4. Education level:
   High School___ Associates___ Bachelors___ Masters___ Doctorate___ Other_____
5. Do you take vitamins daily? Yes___ No___
6. Get enough sleep? Yes___ No___
7. Get adequate exercise? (not too much or too little) Yes___ No___
8. Eat a healthful diet? (of healthful foods and no under/over-eating) Yes___ No___
9. Not smoke cigarettes? Yes___ No___
10. Drink alcohol in moderation? Yes___ No___
11. Have health insurance? Yes___ No___
12. Go to the doctor/dentist for problems that need medical attention?
    a. Doctor Yes___ No___
    b. Dentist Yes___ No___
13. Get annual check ups with:
    a. Doctor Yes___ No___
    b. Dentist Yes___ No___
    c. Eye doctor Yes___ No___
    d. Gynecologist (for women) Yes___ No___
14. Take all prescribed medications? Yes___ No___
15. Limit caffeine to 300 mg (3 cups of coffee) per day? Yes___ No___
16. Have at least 1 hour of free time to yourself per day? Yes___ No___
17. Do something pleasurable everyday? (go for a walk, yoga, art, listen to music, play with pets, read to children, watch favorite TV show) Yes___ No___
18. Spend within your financial means? Yes___ No___
19. Have at least one person in your life that you can truly talk to? (therapist, friend, spouse, family member) Yes___ No___
20. Pay your bills on time? Yes___ No___
21. Have a daily "to do" list to help you stay organized? Yes___ No___
22. In general, how would you describe your health? (Circle one)
    Excellent 1
    Very Good 2
    Good 3
    Fair 4
    Poor 5

23. Compared to a year ago, how would you rate you health in general now? (Circle one)

Much better now than one year ago	1
Somewhat better now than one year ago	2
About the same as one year ago	3
Somewhat worse now than one year ago	4
Much worse now than one year ago	5

24. How TRUE or FALSE is each of the following statements for you? (Circle one number on each line)

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. I seem to get sick a little easier than other people	1	2	3	4	5
b. I am as healthy as anybody I know	1	2	3	4	5
c. I expect my health to get worse	1	2	3	4	5
d. My health is excellent	1	2	3	4	5

APPENDIX B

INFORMED CONSENT

Informed Consent

The study in which you are being asked to participate in is designed to understand the relationship between the practice of self-care and social worker burnout. This study is being conducted by Christina Henderson under the supervision of Dr. Vang, Professor of Social Work. This study has been approved by the Department of Social Work Subcommittee of the Institutional Review Board, California State University, San Bernardino.

In this study you will be asked to several questions about your practice of self-care. The questionnaire should take approximately five to ten minutes to complete. All of your responses will be held in the strictest of confidence by the researchers. Your name will not be reported with your responses. All data will be reported in group form only. You may receive the group results of this study upon completion after September 2009 at the Pfau Library at California State University, San Bernardino.

Your participation in this study is totally voluntary. You are free not to answer any questions and withdraw at any time during this study without penalty. When you have completed the questionnaire, you will receive a debriefing statement describing the study in more detail. In order to ensure to validity of the study, we ask that you not discuss this study with other participants. Upon participation of the study, unforeseeable risks to participating in the study are not anticipated. Foreseeable risks might include any discomfort while answering the questions and learning about your self-care techniques. A foreseeable benefit might be the personal insight gained about your self-care behavior.

If you have any questions or concerns about this study, please feel free to contact Dr. Vang at (909) 537-3775 or via email at pvang@csusb.edu.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate.

_____ place check here

Today's date: _____

APPENDIX C

DEBRIEFING STATEMENT

Self-Care Outside of the Work Environment
Debriefing Statement

The questions asked in the research survey capture a multiple number of meanings. These meanings are anticipated and expected. We are particularly interested in studying self-care practices among social workers outside of the work environment. Within the workplace there are multiple factors that can lead to high stress levels, job dissatisfaction, and burnout. These three factors can also lead to high turnover rates, which can negatively affect the clients served by an agency. Outside of the work environment, stress may possibly occur if social workers are not participating in self-care. Simply put, if you are not taking care of yourself after taking care of your clients all day, then this could lead to job burnout as well.

Thank you for your participation and for not discussing the contents of the questionnaire with other research participants. If you have any questions about the study, please contact Dr. Vang at (909) 537-3775 or via email at pvang@csusb.edu. If you would like to obtain a copy of the group results of this study, please contact Dr. Vang at the end of Spring Quarter 2009.

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