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The self care experience among medical social workers

Chelsey Diane Davis

THE SELF-CARE EXPERIENCE AMONG MEDICAL SOCIAL WORKERS

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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by

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ABSTRACT

The purpose of this research project was to gain insight into the self-care experience among medical social workers. The methodology of this study consisted in using a Post Positivist perspective. This method allowed the study to discover a theory for understanding the self-care experience on both the micro and macro level. The type of data gathered was descriptive-qualitative and was gathered from medical social workers.

The findings from this study indicate that self-care strategies among social workers enable these workers to improve their well-being and increase their service effectiveness as professionals. In understanding the organizational influence on self-care, the results from this study indicate that organizations need to communicate effectively with staff, particularly when organizational changes may lead to increased worker stress. This study recommends that future research on self-care include organizational-level factors and how they can be used to lower stress among professional staff.

ACKNOWLEDGMENTS

I would like to extend my gratitude and thank the participants at Riverside County Regional Medical Center for taking the time out of their busy schedules to interview with me. This project would not have been possible without you; each one of you contributed to furthering knowledge in the field of social work. I would like to thank my research advisor, Dr. Davis, for his continual guidance throughout the duration of the research process; your never ending enthusiasm gave me the encouragement I needed to complete this project.

DEDICATION

This research project is dedicated to every social worker for choosing the profession to better the lives of individuals; always remember your value, and place importance on taking care of yourself first and foremost. This is especially dedicated to a group of social workers who have touched my heart and inspired me, and that is my cohort. Together as a cohort we have grown both personally and professionally and I could not imagine my graduate experience without any one of you. Lastly and most importantly, I dedicate my graduate success to my parents; without their constant encouragement, support, and belief in my abilities I would not be the person I am today.

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CHAPTER ONE

ASSESSMENT

Introduction

This chapter describes the research topic of this study and the goal of learning from the self-care experience of medical social workers. Next, this chapter explains the paradigm and the rationale for this perspective. A literature review is presented with the purpose of reviewing past information on the subject of self-care. Lastly, the theoretical orientation of this study is discussed.

Research Focus

The purpose of this study was to examine the self-care experience among social workers in a medical setting. This study defines self-care as giving the needed attention to all aspects of the self to ensure that one is best fit to assist others, this is maintaining one's health both physically and mentally. To understand the self-care experience, medical social workers were interviewed and asked in-depth questions.

Paradigm and Rationale for Chosen Paradigm

This study was conducted using a Post Positivist perspective. Social workers in a medical setting were interviewed about their experience in the field to determine factors that contributed to their self-care experience. To explore the self-care experience, data was collected through qualitative research. The Post Positivist approach allowed for the data gathered from interviews to be analyzed simultaneously with additional literature to assure an effective research focus of the self-care experience (Morris, in press). This research paradigm was most appropriate as it allowed for those interviewed to not be influenced by the researcher because they stated their self-care experience in their own words. Additionally, this paradigm concludes in a theory to better understand the self-care experience and how this leads to well-being in the workplace. Discovering such a theory improves the quality of practice as social workers will be better able to meet client needs because their own needs are being met. Subsequently organizations will better understand their ability to meet employee needs to increase retention and moral in the work setting.

Literature Review

According to Kim and Lee (2009), social workers improved personal well-being through self-care is a significant administration issue because the health of the social worker directly "affects the quality, consistency, and quality of client services" (p. 365). To illustrate the impact of this, Harris and Artis (2005) gave mention to a study that found employee turnover, resulting from not engaging in self-care, cost 6% in annual budget for a major medical center. Thus, this should warrant attention from medical organizations.

The self-care experience of social workers in practice, specifically in the medical realm is pivotal because "given the current emphasis on health care cost control, productivity, and accountability, social workers' job attitudes and job performance in health care settings has become an important research topic" (Kim & Lee, 2009, p. 365). The social work role in health care is contingent on the effectiveness to meet patient needs because medical social workers move "beyond intervention for immediate medical issues to include addressing aspects of the larger ecological system impacting health outcomes" (Judd & Sheffield, 2010, p. 857). Medical

social workers address the needs of patients concerning assistance with disease management and terminal illness, mental health, substance abuse, and determining the extent of patient care needed upon discharge. To identify these needs medical social workers conduct assessments with patients to understand their living situation and family structure. In addition, the role of a medical social worker includes helping patients understand the potential impact their diagnosis has on their life and linking patients to community resources (Judd & Sheffield, 2010). Medical social workers advocate for patients and bridge the gap in community services (Sulman, 2005).

Professional literature explored for this study of the self-care experience revealed a common theme of highlighting what is termed burnout, "a prolonged psychological response to chronic workplace stressors and is theorized to include three dimensions: emotional exhaustion, depersonalization or cynicism, and diminished personal accomplishment" which researchers imply will eventually cause one to "burnout" and quit their profession (Kim, Ji, & Kao, 2011). Placing burnout as the focal point in researching self-care among social workers

presents a negative depiction and a bleak outlook for what is to come as a practicing social worker. Attention given to burnout is counterproductive as it assumes that burnout is inevitable and limits positive thinking.

Education to receive a Master of Social Work degree emphasizes the importance of exercising positive thinking through the use of the strengths perspective with clients. Significant to the strengths perspective is appreciating an individual's strengths because they allow for the capability to be resilient in periods of hardship. Tapping into valuable resources accomplishes "the power of the self to heal and right itself with the help of the environment, and the need for an alliance with the hope that life might really be otherwise" (Saleebey, 1996, p. 303). Thus social work research should apply the same approach towards the self in practice, rather than focus on the negative components. This study provides insight on medical social work practice through a positive lens. Studying the self-care experience in this research applied a strengths perspective and serves to empower social workers through placing attention on their needs and feeling positive about the work they do and the setting they practice in.

This literature review will begin by defining self-care and how it relates to an individual's well-being. Next, resiliency and its implications to adapt to stress will be covered. Following, information is presented about sources of stress specific to medical social workers. Lastly, self-care strategies will be discussed and is divided into two sections: Individual expression of self-care and the influence of the organizational structure on self-care.

Self-care and its Implications

Self-care reinforces well-being and involves responsible and "continuous efforts that are undertaken to ensure that all dimensions of the self receive the attention that is needed to make the person fit to assist others" (Moore, Bledsoe, Perry, & Robinson, 2011, p. 545). An individual's well-being is how an individual assesses their life and includes such aspects as "life satisfaction, lack of depression and anxiety, and positive moods and emotions" (Shier & Graham, 2010, p. 403). The key to self-care is related to the ability to be resilient. Herrman, et al. (2011) explore resiliency in the article "What is Resiliency?" and define it in terms of adapting and coping with a

stressful environment. Not only does resiliency help one to adapt to stress, but is a source for psychological empowerment because one will focus only on their abilities and not their downfalls (Pines, Rauschhuber, Norgan, Cook, Canchola, Richardson, & Jones, 2011).

Stress is a barrier to self-care and Kim and Lee (2009) note that social workers in medical settings face even more challenging and stress provoking conditions. Medical social workers are faced with higher demands of caseloads and paper completion due to an "increased role in managed care" (2009, p. 365). This higher demand is even more stressful because it is combined with the social worker internalizing the pain and suffering from patients and their family members (Newell & MacNeil, 2010). Kadusin and Kulys (1995) discuss that the social work role of discharge planning is stressful because they may experience a lack of resources and hostile patients that do not want to be discharged from the hospital. Furthermore, Kudusin and Kulys state that stress is contributed to medical social workers experiencing a lack of support and appreciation from doctors because they view their work simply as clearing space to make room for new patients. It is also bothersome and increases the

stress level because as Sulman (2005) explains, medical social work is monitored in terms of cost to the hospital accrued by patient medical bills, instead of taking concern with the quality of work the social worker provides.

Adapting to stressors is accomplished by seeking resources through the means of self-care. These resources are found with the use of self and found within the organization in which the self is employed. First there will be a discussion of self-care expressed in regards to the individual, followed by a discussion of how the organization influences self-care.

Individual Expression of Self-care

Self-care utilizes strengths found within the self to include one's perception and being mindful. Wicks (2008) explains in his work *The Resilient Clinician* that it is impractical to deny or minimize stress, but instead one must change their perspective and mindset of the work they execute. For example Wicks explains that some people feel they are too busy at work to breathe and complain about being stressed, while another with the same work intensity will reflect on their situation with a positive attitude by stating they are happy to be involved with

many challenging tasks. Positive inner dialogue with the self, termed self-talk, has been shown to improve well-being by elevating self-esteem and controlling emotion (Oliver, Marklan, & Hardy, 2010). Stress and other facets that are barriers to self-care cannot be prevented; however a social worker can approach each situation with an altered positive perspective through the self-care strategy of being mindful.

Mindfulness is "awareness of present experience with acceptance" (Wicks, 2008, p. 94). Self-reflection is central to being mindful and is accomplished through raising consciousness through a series of steps Wicks reviews. First there must be time set aside each day to reflect. These reflections should consist of meaningful events in the day, as well as in life. In reflecting on meaningful events, Wicks states that one should relive the event in the mind. In doing so, one should incorporate their desires and goals in life to see if they correspond with how they handled the event. This will enable one to learn how to approach future events. Lastly, what one has learned from this self-reflection needs to be put into action by means of applying it to future life events. This new found perspective gained

through being mindful improves a social workers level of awareness and assists in regulating mood (Wicks, 2008). Shier and Graham (2010) note that encountering daily practices with a changed perspective promotes well-being of the social worker. It is significant for the social worker to perceive their role as a good fit for them and view their work as meaningful, as this will directly influence job satisfaction. Skovholt and Trotter-Mathison (2011) explain that self-reflection should involve reminding the self why one became a social worker and appreciating the purpose they serve. It is also beneficial to relish on the difference one makes as a social worker, no matter how small. Stovholt and Trotter-Mathison note that "reduced expectations and focusing on small changes" is empowering for self-care (2011, p. 175).

Williams, Richardson, Moore, Gambrel, and Keeling (2010) carried out a study to better understand the effectiveness of self-care strategies. In the study Gambrel practiced being mindful through daily journal exercises. Gambrel found that practicing mindfulness helped him to not take things personally and be more connected and present with clients. In another study on

mindfulness as a self-care strategy, Shier and Grahm (2011) note that literature links the ability of being mindful to well-being and quality of life. Participants in their study reported that being mindful gave them control to dismiss negative thoughts and "impacted the way people perceive themselves and their happiness" which is fundamental to well-being (2011, p. 35).

Finding a Balance. Wicks (2008) notes that the helping role a social worker fulfills is intense and can cause risks to psychological and physical health if a balance between work and personal life is not found. He further lists elements of what he terms "a self-care protocol" (2008, p. 47). The protocol is a menu of options to involve one in self-care strategies to promote well-being. Wicks advises such activities as taking quiet walks, listening to music, reading, exercising, and taking part in hobbies one enjoys. Wicks also encourages for one to have a close network of friends to maintain self-care. In addition, self-care is accomplished by taking breaks at work and using vacation hours (Newell & MacNeil, 2010). Attending wellness programs which promote healthy lifestyle decisions, and stress reducing seminars

are also beneficial in preventing burnout (Harris & Artis, 2005).

Influence of Organizational Structure

Maslach (2003) argues that emphasis is often placed on the individual in regards to well-being, but research has found organizational factors play a more significant determinant. She explains that internal resources may improve certain aspects; however the responsibility lies also with the organization. Facets the social worker is not able to control, for example is department downsizes, in which employees have to work harder and be more flexible. If this is the case, an organization needs to offer opportunities for promotion and employment security (Maslach, Shcaufeli, & Leiter 2001).

Maintaining self-care cannot be accomplished without the support on behalf of the organization. An organization and the social work staff are codependent and are equally central to meeting the needs of one another and assuring the agency runs most effectively. An organization is responsible for the self-care experience of employees through "motivating people--things like attention paid to workers as individuals, workers' control over their own work, differences between

individuals' needs, management's willingness to listen..." (Shafritz, Ott, & Jang, 2011, p. 150). If organizations want to thrive they must understand the workplace environment is where behavior occurs and in turn shapes it. Both employees and administrators need to be vocal in communicating concerns they may have (2011). The organizational environment must foster a sense of pride in having a positive mindset and promote self-care.

The influence of the organization was just discussed and now the interaction with supervisors, the need for skill development, and the opportunity for colleagues to gain support from one another will be explored.

Supervisor. The working relationship between the social worker and the supervisor is an intrinsic factor to the social worker's well-being and effectiveness to carry their role and make the organization run most effectively. Kim and Lee (2009) argue this by stating "social work supervisors play the role of teacher, enabler, consultant, and manger for frontline social workers" and need to provide guidance and knowledge pertaining to service delivery in a respectful manner (p. 365). This open communication is the driving force for a social worker to comprehend what is expected in

their role, which diminishes role confusion (2009). Not only is communication key to engage in self-care, but a supervisor needs to be viewed as reasonable and supportive (Bui, Hodge, Shackelford, & Acsell., 2011). Being reasonable includes delegating tasks with adequate time to be completed and believing that the social worker is competent in their duties. It is also essential that the supervisor connects with the social worker to discuss stressors and provide information to assist with challenges they encounter (Kim & Lee, 2009). In reference to medical social work, Schwartz, Tiamiyu, and Dwyer (2007) state that a valuable resource to assist with self-care is for supervisors to instill hope in their social work staff. "Social work administrators and supervisors need to be attentive to development and maintenance of hope in their direct reports" because it helps in the face of witnessing tragedies on a daily basis (2007, p. 105). They go on to explain that hope is a goal driven mentality that allows people to focus on success, therefore attaining a positive attitude.

A supervisor needs to also offer positive feedback during interaction with employees because it increases job competence. Schaufeli and Bakker (2004) explain that

such feedback is a job characteristic that instills motivation within employees and is associated with "high-quality work performance, job satisfaction, and low absenteeism and turnover" (p. 298). In their work, Peng and Chiu (2010) discuss that employees who feel they receive positive feedback from supervisors will feel their organization values them and in reciprocation will behave to benefit the organization. Additionally, feedback enables a social worker to be clearer of performance standards and expectations, thus reducing stress. If they have this clarity, it will facilitate an evaluation of their own workplace behavior "to rapidly adjust their own inadequate workplace behaviors, and to move in a correct, positive direction" (p. 585). For feedback to be effective it needs to be not only available, but encouraging.

Skill Development. Ackner (2010) discusses the importance of continued skill development for social workers and argues that it strengthens competence which advances professional development. Feeling competent in one's professional identity is accomplished by being up to date on the organization's requirements and policies. Cohen and Gagen (2005) conducted a study to determine the

effectiveness of having skill development opportunities for medical social workers. Two skill development group programs were tested, both aimed at improving group intervention techniques and applying theory to practice. A comparison of pre and post tests of the medical social work participants illustrated improved personal accomplishment, higher perceived social support, decreased emotional exhaustion, and decreased feelings of depersonalization. Cohen and Gagen's study also improved empathy and helped to cultivate an increase in self-awareness of participants. The findings by Cohen and Gagen demonstrate the impact skill development can have on factors that contribute to self-care and well-being.

Colleague Support. Berkman (2000) discusses the correlation between maintaining supportive, close relationships and being in good health. She states that historically, social interaction has been a factor to protect against a person's health risk and practiced through involvement within their community and making use of social resources. This illustrates the importance of forming supportive relationships with colleagues within the community of the organization. Social resources, as Berkman explains, are "trust between citizens and norms

of reciprocity;" trusting bonds with colleagues and both giving and receiving kind acts (2000, p. 12). Such resources make a community more coordinated and unified in working together. Shier and Graham (2010) prove the value of social resources in an organization with their study in which they interviewed for factors affecting social workers' subjective well-being in the workplace. They found that when social workers have relationships at work with one another it contributes immensely to well-being. These formed relationships serve as a source of support and comfort. Additionally, these relationships provide the opportunity to exchange interventions they found useful and collaborate to problem solve (Shier & Graham, 2010). Parsons (2002) notes that the ability for social workers to come together and learn strategies and gain perspectives from each other creates a feeling of empowerment. He refers to this as a 'cohesive collective' where they have a safe and accepting environment to share feelings and thoughts with one another. Providing input and collectively working as a group to solve problems will improve self esteem of members by making them feel worthy and create a sense of belonging (Parsons, 2002).

This literature review began by stating why self-care among medical social workers is imperative and deserves attention. The medical social worker role was described which illustrated the need for their professional expertise. Rationale was given as to why this study is approached with a strengths perspective. This literature then defined self-care and well-being, and its relatedness to resiliency and the ability to adapt to stress. Specific stressors to the challenging and complex medical social work environment were explored. This literature review discussed self-care strategies first on the part of the individual and then the responsibility of the organization. These two sections developed an understanding of how to employ self-care strategies to improve an individual's well-being.

Theoretical Orientation

As previously mentioned, the driving theoretical force of this study was the strengths perspective. This perspective only drawls from a person's talents, abilities, and resources. The aim of this approach centers on identifying and extracting a person's

strengths and assets to help them with their problems and goals. The rationale behind this perspective is that all individuals possess positive attributes and may not even be aware of their capabilities, causing them to feel inadequate and disinheriting growth. Additionally, if one does not focus on strengths it generates pessimistic expectations in an individual's environment (Saleebey, 1996). A pessimistic atmosphere breeds negativity and causes individuals to internalize the feeling that they are deficient and halts growth to meet goals.

Summary

This chapter introduced the research topic of this study and why this research is carried out using the Post Positivism approach. A literature review revealed prior research on the topics of self-care and its implications for social work practice. Strengths perspective was the theoretical orientation that guided this research focus.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two begins by explaining how engagement with the research study site was gained prior to engagement with participants. Next, insight is given in reference to self-preparation. Following self-preparation, diversity, ethical, and political issues are investigated. Lastly, the role technology played in the research process is mentioned.

Engagement Strategies for Gatekeepers at Research Site

Entrance to the study site was gained by engagement with the agency's gatekeeper, the field placement supervisor, who is the director of Patient and Family Services at Riverside County Regional Medical Center (RCRMC). She was approached with the subject and focus of the research project. She achieved an understanding and followed through with the process required to approve the study at the hospital's organizational level.

Upon approval by RCRMC, there was engagement with potential study participants by introduction and building

rapport with them. After relationships had been established with study participants, who are also colleagues, they were introduced to the focus of the research project via an informational flyer which was placed in their work mailbox. After the study was made aware to potential participants, an email was additionally provided to RCRMC social work staff that further explained what their participation entailed and gave contact information of the researcher. Participants were informed they could contact the researcher to clarify or answer questions and set up an interview appointment to fit their schedule.

Self Preparation

Preparation efforts were concentrated on establishing trusting relationships with study participants to allow them to feel comfortable in disclosing information. Study participants were reminded that their involvement in the study was completely confidential and given a consent form to sign acknowledging their understanding of this.

Prior to data collection being carried out with participants, an extensive literature review was

conducted to identify common areas of challenges and topics that needed to be approached with sensitivity as it relates to the hospital social work role. Additional preparation included maintaining a positive perspective on the research process and being aware of any biases that might influence research. The needs of the participants were placed first.

Education concerning Riverside County Medical Center's (RCRMC) policies, regulations, and history also served as educational preparation.

Diversity Issues

Diversity issues concerned the researcher's lack of knowledge and experience compared to participants as it relates to social work field practice. To deal with this issue, participants were made sure to understand this and precautions were taken to inform that the interviews served to teach knowledge. There was an awareness of differences in culture and gender to encompass competency in this arena. Participants were treated as individuals and education on their beliefs and norms was encouraged (Morris, in press).

Ethical Issues

Ethical issues related to participants understanding that no identifying information would be provided in the final project or to any other person. Participants were asked to sign informed consent forms (consenting to audio recording also). Participants fully understood the purpose of their participation in the study and the contribution it had to the field of social work practice. Personal values and beliefs were not imposed on participants (Morris, in text).

Political Issues

Potential political issues that arose had to do with the power structure of the research site, Riverside County Regional Medical Center (RCRMC). Some participants were concerned with being open and honest about problems they currently experienced at the time of data collection because of the possibility of being reprimanded or treated differently by administration for the findings of this study. Thus, there was apprehension on deciding what findings to report. Additionally, there was concern of RCRMC's possible negative image as a consequence of the study's findings.

The Role of Technology in Engagement

Technology was used in this study to include an audio recording device, telephone contact, and email with RCRMC staff. Utilizing technology allowed for a more efficient way to relay information and make it easily accessible.

Summary

This chapter explained the phases of engagement that took place, to include engagement with the gatekeeper and how participants were approached with the goal of building rapport. Self-preparation included producing information of the study for participants, an extensive literature review, and work towards the goal of building trusting relationships with participants. Lastly, a discussion of precautions that were taken to avoid diversity, ethical, and political issues was provided.

CHAPTER THREE

IMPLEMENTATION

Introduction

This chapter explains the main components of implementation for this research project. This includes information about who the study participants are and how they were selected. An explanation will be given on the phases of gathering data, and how data was recorded and analyzed.

Research Site

The research site was Riverside County Regional Medical Center (RCRMC) located in Moreno Valley, CA. RCRMC serves clients who are receiving medical attention. The social work department, referred to as Patient and Family services, offers many services to their population. These services include mental health counseling, discharge plans, community resources and programs, home care referrals, medical equipment, and financial assistance (Riverside County Regional Medical Center, 2012).

Study Participants

Study participants consisted of thirteen medical professionals involved in helping patients with psychosocial issues; all employed by Riverside County Regional Medical Center (RCRMC). The medical social work staff is comprised of working in ten specialty units and the participants varied working in the following units. There is the highest level of patient care, the Acute Critical Care Unit (ACCU). The second highest level of care is called the Progressive Care Unit (PCU). The general floor for patients receiving the lowest level of care is referred to as the Medical Surgery floors. The highest level of care for those under eighteen years of age is the Pediatric Intensive Care Unit (PICU). The highest level of care for newborns is called the Neonatal Intensive Care Unit (NICU). The general medical floor for those less than eighteen years of age is the Pediatric Care Unit. There is the Labor and Delivery unit for mothers giving birth, the nursery where the babies are placed, and the postpartum unit for mothers after they have given birth. The Emergency Department (ED) treats patients in urgent situations and the clinics provide outpatient services to patients.

Selection of Participants

Purposive sampling enabled qualitative research to be conducted in a naturalistic setting at RCRMC with participants who possessed the needed knowledge to understand the self-care experience because they are practicing social work professionals, specifically medical social workers. A type of purposive sampling, typical case sampling, was used to represent a summary of the routine experience of medical social work as it relates to the self-care experience.

The entire RCRMC social work staff was encouraged to be participants in this study, but understood their involvement was voluntary. Potential participants were selected and encouraged to participate by receiving an email and a flyer in their personal work mail box. The flyer detailed that the purpose of this study was to build an understanding of the social work self-care experience and what their involvement would entail.

Data Gathering

Data was gathered through face-to-face interviews with participants at RCRMC. Prior to conducting interviews, knowledge was acquired from a literature

review on commonalities social workers experience in relation to self-care and interview questions were prepared. The participant's responses created common patterns that evolved into a theory of their experiences. Open-ended interview questions allowed participants to put their self-care experience in their own words. Interview questions aimed to first assess participants importance of self-care and what they do to engage in self-care. They were asked questions to measure self-care factors carried out within the organization and the influence of the organization on self-care. Participants were asked to describe challenges they face in their role as a medical social worker, which also allowed for assessing participants perception of such challenges. Lastly, implications for well-being in the workplace was measured to include questions on aspects of their profession they find rewarding, if they feel appreciated by their organization, and identification of their own strengths in being an effective clinician.

Descriptive, structured, and contrast questions were implemented to explore the participant's self-care experience. Descriptive questions guided the participants to describe their understanding, for example "How do you

feel about the recent department restructuring?" Structured questions expanded on a specific topic, such as "To what extent do you rely on your co-workers for social support?" Contrast questions were used to sort interview responses that illustrate similarity among participants' thoughts which created criteria for common categories when organizing the data (Morris, in text). An example of a contrast question is "What keeps you going as a medical social worker?" and "What are three aspects of your job you find rewarding?"

Phases of Data Collection

Data collection consisted of an engagement, development of focus, maintaining focus, and a termination phase. Engagement began upon the first interaction with participants. In this study the engagement phase was initiated when participants received an informational flyer about the purpose of this study and an explanation of what their voluntary involvement would include. Once the interview was in process, the engagement phase included having participants sign an informed consent to assure them of confidentiality and that their participation was strictly voluntary. The

engagement phase also included making the participants feel comfortable to disclose information by answering any questions or addressing any concerns they had.

Developing and maintaining the study focus of this research study was completed by a series of questions to include essential, extra, throw away, and probing questions. Essential questions addressed the specific topic of the self-care experience, such as "What self-care strategies do you use?" Extra questions are parallel to essential questions with the purpose of testing for consistency in responses. Throw away questions are general questions, for instance "Did you have a nice weekend?" These questions were used to help build rapport with participants and put them at ease. Lastly, probing questions assisted in guiding participants to elaborate further on their responses; "Can you tell me more about that?"

In the last phase of data collection, the termination phase, the researcher reflected and summarized the participants' responses to assure they felt understood. This phase also included an opportunity for participants to provide feedback on the interview and answer any questions or concerns. The interview was

concluded with the participants being given a debriefing statement that reiterated the purpose of this research project, and a list of books if they found the topic interesting and wanted further information. Participants were also given a Starbucks gift card as a note of appreciation for their time.

Data Recording

Data was recorded by participants via a self-report using an audio recording device. Participants were notified of the audio recording device prior and signed a consent form in agreement. Data was also recorded in an ongoing process through the use of two journals. The research journal was dedicated to the transcribed interview data and tracking the development of research, for instance writing notes that corresponded to the participants' responses to organize and understand the data. A reflective journal was used to divulge the researcher's personal revelations and experiences throughout the research process. The reflective journal provided an outlet for the researcher to reflect on personal values and biases brought up by interview responses.

Data Analysis Procedures

Data analysis was initiated with open coding. This involved the "narrative of the interview or observation is broken down into themes or categories" (Morris, in text). These categories about the self-care experience evolved and expanded on certain aspects to focus on. After open coding, axial coding was applied to form relationships between themes created from the open coding process. These themes were continually tested through the qualitative interviews with participants. The final stage is referred to as selective coding and this stage of data analysis provided the foundation for a theory that explains the participants' experiences (Morris, in text).

Summary

This chapter explained that the research site for this study was RCRMC and the participants were comprised of medical social workers employed at the study site. The collection of data was gathered through qualitative interviews and the types of questions were presented. Following the collection of data, it was explained that the data was transcribed and how the coding process was employed. Lastly, it was explained that the end result of

data analysis concludes in a theory to explain the self-care experience of participants.

CHAPTER FOUR

EVALUATION

Introduction

This chapter is initiated with a discussion of how the process of data analysis progressed. After understanding this process, the actual data is presented in the form of tables. Next, the data is interpreted based on a set of core domains and concludes in a theory. This chapter concludes with a discussion of limitations and implications for micro and macro practice.

Data Analysis

The data collected from qualitative interviews with participants was transcribed and organized through the process of open coding. Open coding enabled the first process of abstract thinking by categorizing the raw data in to five categories. These five categories were 'People, Places, Things, Ideas, and Themes' and are located in Appendix E. The process of open coding laid the foundation for then sorting the data in to core domains that became the focus of data interpretation. The core domains are listed in the Tables 1-14 below. There are four core domains to include addressing self-care,

self-care strategies implemented in the organization, perceived challenges and self-care, and implications for well-being in the workplace; each is further broken down in to sub domains. These domain tables' list participant quotes that the researcher felt were most pertinent to conceptualizing the data.

Addressing Self-care

Table 1. Importance of Practicing Self-care

• "Very important, because if I didn't do self-care I couldn't be effective in dealing with death and dying issues" (Participant 6, personal interview, February 2013).
• "Important always, in any profession not just for social work. You have a personal and professional life. We need to know when our professional life ends we can enjoy our personal life. Learn how to do things that are fun and relaxing, but still enjoy your profession, but not to the point of obsession" (Participant 8, personal interview, February 2013).
• "I think it's essential to keep a balance to be effective with the patients and not starting to portray your own problems or issues, or tiredness or stress. Taking care of my emotional and personal needs is essential to keep a good balance" (Participant 10, personal interview, March 2013).

Table 2. Self-care Strategies

• Taking vacations • Leaving work at work Pedicures and facials • Celebrating work anniversary • Smoking cigarettes • Social interaction with co-workers outside of work • Using a stress ball • Consoling co-workers • Diversity in work tasks • Good relationship with supervisor Breathing fresh air • Massages • Taking walks • Naps • Scrapbooking • Exercise/running • Photography • Taking breaks • Cooking and baking • Having a mental health day • Remembering patients that touched one's life • Drinking tea	• Laughing • Spirituality and praying • Being in the moment • Going to church • Appreciating the moment • Spending time with family • Gardening • Practicing good nutrition • Teaching music • Keeping boundaries • Talking to friends • Venting • Seeing a therapist • Debriefing • Practicing social work tools and techniques on self/family • Support and communication with co-workers • Going to the beach • Getting enough rest • Focusing on personal relationships • Taking hikes

Self-care Strategies Implemented in the Organization

Table 3. Co-workers as a Form of Social Support

- "I think it's important to have a good communication with your colleagues, I mean it helps to discuss things at work, personal stuff, you know so you have someone to vent with and talk about stuff with. When you get isolated it brings you more down. I like to always consult with social workers that have more experience than me. I appreciate other people's experiences" (Participant 2, personal interview, February 2013).
- "I think it's incredibly important to have somebody you can process with that is on the same unit that is having the same feelings and experiencing the same pain, or maybe not but is able to help you get through it" (Participant 3, personal interview, February 2013).
- "I think when you do have difficult cases we do have opportunities for debridement with each other, because you have to make sure did I do or take care of everything that was necessary when it is a complicated case. It is good to talk to your co-workers and talk it out with regards to cases" (Participant 6, personal interview, February 2013).
- "Many of them have more experience than me in the medical setting, so I go to them for information and that's very helpful because if that wasn't there I would be a lot more stressed, because I would have to use a lot of my time and effort to find these answers that they're able to give me and at least point me in the right direction. I feel like I know my coworkers strengths, and what they're really knowledgeable in and so based on that I'll call a specific person and ask for their assistance. This goes back to self-care, because I don't have to do everything on my own. They help a lot keeping the stress level to a minimum" (Participant 8, personal interview, February 2013).

Table 4. Training Opportunities and Benefits

- "I think in the hospital they do, they try. Obviously they encourage you to go to conferences. They do a lot of palliative care types of things here, but they don't pay for it. They don't give you the time off. It's really hard to get the time off. I think that's a deterrent, so I would say they are minimally supportive. They want you to, but they then expect you to use your own time and funds. I think any continuing education that you get is helpful. It helps add one more tool into your bag of tricks" (Participant 3, personal interview, February 2013).
- "I think it's not so much what the hospital allows me, but what I do personally. I take very little sick leave, and vacation leave. The county unfortunately doesn't have money to allow me to do training on county time. I make sure I preserve that, it important for my professional growth; I take vacation time to go to conferences to expand my clinical practice. I think it's great, because it allows me to do networking" (Participant 6, personal interview, February 2013).
- "The multidisciplinary meetings that are part of a regular basis around here and our long term meetings. I try to find the value in them, instead of the pain in going to them. They're valuable In the sense that I get to hear prospectives that are different from mine or reinforce my ideas. Or just educational, I'm learning more about medical diagnosis and situations. They benefit me because the more I learn about the hospital and medical and different points of views and from different professionals and same profession, the more I am able to help my patients effectively, that makes my job more efficient so that hopefully I have time to take breaks and get out on time" (Participant 8, personal interview, February 2013).

Table 5. Positive Feedback from Supervisor

• "We used to have monthly supervision with [previous supervisor] just to touch base, to make sure we are doing okay, are there problems, are there concerns. Now since she left, there is no scheduled supervision. I know I can go to [current supervisor], if I need her. [Supervisor] will tell me 'oh you did good on that', but most of my positive feedback comes by having her defer to me when she's gone, 'take the lead' or they'll send other people 'go ask [participant] or go work with [participant].' I guess they respect what I do so they send other people to me" (Participant 1, personal interview, February 2013).
• "No. I know that she's grateful, I know she trusts that I can work independently, and do what I need to do. She knows that I'm ethical. I can go to her and say I don't want to do this and vent my frustration as raw and candid, but I wish she would say 'you've done a really good job, it's really tough' and give you that moral support" (Participant 3, personal interview, February 2013).
• "Definitely, probably less now sense we only have one supervisor. I miss that support, but [current supervisor] is inundated with all she has to do, so we don't get that supervisory support that we used to. I know it's there if I need it, but there is no regular check ins" (Participant 9, personal interview, March 2013).
• "The director, I think she shows it in a different way, because she assigns you to be in charge, and handle things for her. She will come to you with questions if there are areas she needs assistance. I think she relies on some of the senior employees to help her" (Participant 13, personal interview, February 2013).

Table 6. Approaching a Change in Organizational Structure

- "I think the restructuring is something that's good I suppose, but I didn't think it was really thought out. The plan, things just fell into place, without being thought out completely. Yes [if they should have gotten the social workers input], because you know, I think, in my opinion, I believe a lot of people panicked when they heard about this restructuring. A lot of people who had the opportunity left and then administration found themselves in a position where they maybe reached the goal they wanted to, but sooner than they thought and now there is too much work for the current social workers that have to have to pick up the slack. . Maybe it could have communicated a little better, they would have been more up front" (Participant 2, personal interview, February 2013).
- "I think it was done very poorly. There was a lot that was done that I think was handled very poorly. For social work we have not been supported" (Participant 7, personal interview, February 2013).
- "It brings the moral down, and you just never really know what is going to happen. A meeting gets called and there is a sense of anxiety and panic. I think over the years there is a lot of mistrust with administration, and are they really telling us what's happening. Everybody is always asking for transparency and I don't think we always get that" (Participant 9, personal interview, March 2013).
- "Well, what it turned out to be is they fired half of the team. That left us shorthanded, so the restructuring is that they needed to cut the budget. That's what it looked like. The result is there aren't enough of us to go around because of the restructuring" (Participant 11, personal interview, February 2013).
- "I don't see much other support going on for the social workers. Through the restructuring, it's ok we're going to do this. This is what's happening and it's done. Definitely ask for their input before, during and after. They should have kept them on board the whole way. There seems to be a little bit of division there" (Participant 12, personal interview, February 2013).

Perceived Challenges and Self-care

Table 7. Feelings about Department Restructuring

- "I hate it; I think it's going to crash and burn. I think in a few years it's going to be a mess. There then going to rebuild up social work again because I already see it not working. As a social worker working with a client from the assessment period to the end, yes I'm doing discharge planning and funding, and social all at the same time; everything is just so compartmentalized. I think they should have built up the social worker. One time our goal was to maybe have two on a floor. And then having two on every floor means every patient would have been addressed and it all would have happened a lot more smoothly; all their needs are going to be met. We're missing people now" (Participant 1, personal interview, February 2013).
- "I actually think it's really positive, because we're a medical setting and many times before the social workers had a huge responsibility of trying to manage the medical and the mental health portions of it that I thought were not fair. In many ways I like the fact that we're doing some shifting. It's uncomfortable for some of the social workers, but in all honesty they were going out beyond there scope of practice. They were advocating for their patients about their medical conditions but they didn't have the ability to actually push a case through for advocacy because of medical limits. Working together as a team shows improvements. I'd rather see the social workers on the unit uses their clinical therapeutic skills with patients than setting up home health care and nursing referrals. It's all a matter if a team works good together. If you have a discharge planner or case manager and social worker, working together and the social worker is gone for one day either one of your partners knows what's going on in your case. You can help support that family, so that they don't see a break in an emotional tie they have had in that unit. As opposed

to having another clinician that doesn't know them get stuck in the middle" (Participant 6, personal interview, February 2013).
• "I think the restructure is good with the case managers because they are RN's and they are capable to listen to a doctor on the phone and write a note, its faster to be effective when patients need to get home health. The clinical aspect, handling the crisis and intervention, it's definitely better to be handled at the master's level in my opinion. I think eventually it will be more specific for the team on who will do what; it's the social worker's responsibility to make sure everything works" (Participant 10, personal interview, March 2013).

Table 8. Challenges in Carrying Out Role

• "The system, the hardest part is when I first started, knowing who to ask for, who to work with. It is a big system, so you have a bazillion people in the pharmacy, dieticians. I learned early on you memorize names, so when I call a certain department I'll know who to ask for, who is helpful and who is not helpful" (Participant 5, personal interview, February 2013).
• "As a social worker you want to always help as many people as you can, and sometimes in this position you aren't able to help every single person you want to get to. So it's a challenge to be efficient with your time, so you can get to as many patients as possible and assist them with their needs. As a medical social worker, one of my biggest challenges is learning the medical part of the job because the more you understand the more you are able to understand what help you can offer to a patient. We

are not particularly trained specifically for that in school to understand medical process and disease process and the needs that go along with it sometimes. Another challenge at this hospital is we have a wide range and diverse population; we see so many differences in how people look at things and handle things. You have to learn how to be flexible and willing to approach similar issues in a different way" (Participant 8, personal interview, February 2013).

- "My biggest challenge is when people give up on themselves; socially there is not much to do. People in their thirties and forties who are homeless and give up on social acceptance and interaction. I feel frustrated when there is no help we can offer to them. The biggest issue is their mental attitude and motivation we are not able to offer in a short term setting. We don't have enough resources for homeless, even people without insurance" (Participant 10, personal interview, March 2013).
- "There is a little lack of communication with the other teams. Someone will have a request, and you carry out you're end, and now they carry out their end. There is a lot of facilitating. I think they come to social workers to keep things together. (Participant 13, personal interview, February 2013).

Table 9. Alleviation of Challenges By Self-care

- "Not necessary, because those are things I can't control, but refocusing myself; I can only do so much with what I have, and I still can do a good job. Having respect for what you do and really enjoying what you do. When I pull off something challenging, the satisfaction keeps you going" (Participant 1, personal interview, February 2013).
- "In a roundabout way, I think if I'm relaxed and at peace when I come to work, I would have a less sense of urgency. If I was calm it would change my mind set" (Participant 4, personal interview, February 2013).
- "No that would only stress me out more, because it would take time away" (participant 7, personal interview, February 2013).
- "Yes, learning how to be more efficient is going to help you take the necessary breaks that people need in life. We can't go through life just in one mode. We have to slow down, take breaks, and have a personal life. We need to get out on time. I tell the patients we can't help you unless you're willing to help yourself. This also applies to us; we have to take care of ourselves. We have to use the knowledge we give to our patients and use that towards the self also" (Participant 8, personal interview, February 2013).
- "No. This has nothing to do with your personal life" (Participant 12, personal interview, February 2013).

Implications for Well-being in the Workplace

Table 10. Motivation to Continue Profession

- "At the end of the day if I help one patient, and feel like they got the resources they needed, or made his or her life a bit better, or comforted a family member with a dying patient, or with a terminal illness, it makes your life worthwhile that you've come and made a difference in somebody's life or you made it a little bit better than how it started out that day" (Participant 2, personal interview, February 2013).
- "I try to motivate myself on a daily basis. I try to remind myself every day that I'm going to be better than I was yesterday" (Participant 8, personal interview, February 2013).
- "Ultimately it feels good to provide a service to somebody, that they wouldn't have otherwise had. Even in a tragic situation of a mother dying of cancer at age thirty, leaving kids behind or a seven year old killed after being hit by a car, and interacting with the family even if it's difficult, there are intrinsic rewards in being able to be there for somebody in that time and for them to appreciate that or acknowledge it" (Participant 9, personal interview, March 2013).
- "When you connect with somebody as a clinical therapist, and their able to get a moments peace. In the chaotic life for them in that moment or they get it. They learn a new skill that can help them. That's where I get the most benefit from my job" (Participant 12, personal interview, February 2013).

Table 11. Perception of Appreciation by Organization

- "Unfortunately just by the shear situation that we're in now, it gives you the impression that administration does not appreciate or does not realize what we need. Some supervisors, especially the case management supervisor, it seems like it's all about numbers, it's all about discharges fees, but there's more to it" (Participant 2, personal interview, February 2013).
- "No. I don't think until you sit day in and day out with someone to know what it is that they deal with, you won't have a good idea. In this hospital because of the fact that so much emphasis and probably still is on discharge planning rather than the clinical aspect of things. I think it's impossible for anyone to truly know. Especially here, because the emphasis has been so heavy on discharge planning, that we've lost the true nature of what social work is and that chance to show people" (Participant 3, personal interview, February 2013).
- "I don't know if the hospital quite understands social work. This is dominantly a medical environment and we are medical social workers, so we are involved in it but our education is not medically focused like most of the others employees. I don't know if they understand exactly what our purpose is and how we fit into the picture sometimes. You can't get overly concerned about being appreciated because you should be satisfied with yourself and your own performance. If you're doing what you are supposed to do, they will eventually see the value" (Participant 8, personal interview, February 2013).

Table 12. Rewarding Aspects of Profession

- "Advocating for families, providing the knowledge that would otherwise they wouldn't have, they wouldn't receive. When a family comes back and says to you 'you did this for me and I appreciate you going the extra mile.' Overall it's serving other people. It is rewarding to see them become empowered. It is rewarding to work with people when it is a life or death situation and they give it their all. You have to like to serve people in order to do this, but it's good to know you have done everything you can to alleviate someone's anxiety, to walk them through difficult situation" (Participant 3, personal interview, February 2013).
- "When the family will call me back, and tell me how everything went. You always have that 'ah ha' moment. I always say as clinician, and you learn something else about the patient, other than their room number, that when you're doing something" (Participant 6, personal interview, February 2013).
- "I really find practically everything about patient's interaction very rewarding. Helping them find some source of resolution. To help them identify their resources they had not thought about when there in crisis. To seek solutions and resources they have available. That's where I find my joy. They don't even think that they have the ability to resolve their own problems" (Participant 11, personal interview, March 2013).

Table 13. Improved Well-being at Work by Self-care

- "There's more things I could do for myself, and they think at times if you we did have a little more pats on the back and appreciation on a regular basis. Some of our meetings are 'let's focus on the nasty things' instead of 'good job.' If the higher ups could kind of turn it around, and remember give some praise and you'll get better work" (Participant 1, personal interview, February 2013).
- "Yes, just venting. Going outside and just trying to do deep breathing or taking a walk to release stress. Coming into an office and closing the door and just expressing your feelings because we are people that have emotions, and letting those feelings come out and talked about. To me having a sense of humor about things so you don't walk around with a heavy feeling all day. We have to find ways whether is venting, joking, taking breaks, being out on time" (Participant 8, personal interview, February 2013).
- "Yes, if I take care of myself I'm going to be more productive. If I get enough sleep, I eat right, and get exercise it's definitely going to improve the quality of my work" (Participant 11, personal interview, March 2013).

Table 14. Perception of Strengths to be Effective

• "My big mouth and my feistiness, or my fearlessness to stand up. I'm shy for something's, but I have never thought that anybody is better than anyone else. I have no qualms about making my thoughts known and standing up for them; I don't care who you are or what initials precede your name. To see myself deal with my biases, I have them but I think I do my best to be self-aware" (Participant 3, personal interview, February 2013).
• "I'm pretty organized. I have good time management skills, so I can stay on top of what needs to happen. I tend to give people the benefit of the doubt, if they are having a bad day, I try to smile and be friendly to everybody" (Participant 4, personal interview, February 2013).
• "I would probably say sense of humor. I use humor a lot with my patients. A positive approach, not that I try to minimize things, I just try to normalize whether it is something emotional they're going through or something physical they're going through" (Participant 9, personal interview, March 2013).
• "I think one of my biggest strengths is leaving my work at work. I don't think about it and I don't stress on it. I handle crisis situations very well. I still think about the anxiety that somebody might have or the trauma they may have experienced. I handle crisis so well I don't dwell on it when I'm dealing with it. I deal with the crisis, and I help the person involved then I move on. When I get home I fall apart, and I feel sad or emotional about what I saw, but because my rule is to leave work at work I'm able to let it go and to move on" (Participant 11, personal interview, March 2013).

Data Interpretation

After the core domains were established, axial coding formed relationships between these domains. Data interpretation concluded in selective coding to develop a theory about the self-care experience and is as follows:

Addressing Self-care

Practicing self-care is needed to ensure that one is able to be effective in helping others because their own needs are being met. It is imperative not to neglect the self because one's internal issues can either be projected or cause one to not be present in the moment. A participant's statement reinforces this by stating "I think it's essential to keep a balance to be effective with the patients and not starting to portray your own problems or issues, or tiredness or stress" (Participant 10, personal interview, March 2013).

Self-care is important in all fields of social work, but especially in a hospital setting because a clinician needs to devote their attention to meet the needs of a patient who are often in a crisis situation or coping with grief. In regards to the importance of practicing self-care as a medical social worker, a participant states "Very important, because if I didn't do self-care

I couldn't be effective in dealing with death and dying issues" (Participant 6, personal interview, February 2013).

Every participant agreed that practicing self-care was important and listed strategies they partake in to achieve self-care; the strategies mentioned all related to physical activities or interacting with others. However the literature discussed the importance of being mindful and having a positive attitude as sources of self-care. This is interesting because no participant associated their mindset to self-care, but did discuss their mindset when asked to identify strengths they feel they have to work in a stressful environment, such as a hospital setting. One participant stated "I go back to having a positive attitude. Not being small minded and just running with it. I don't let it stress me out" (Participant 2, personal interview, February 2013) and another participant stated "Having a positive mind set and focus. We all sometimes have bad days and bad moments, but in the end if we can refocus ourselves" (Participant 8, personal interview, February 2013). This supports the literature that one's mindset is a self-care strategy because mindfulness is needed to find peace with

the self; Oliver, Marklan, and Hardy (2010) discussed that positive inner dialogue elevates self-esteem and controls emotion.

Self-care is also carried out by being self-aware in order to recognize one's current state of mind and how one can alter what they are doing to increase their effectiveness as a clinician. One participant's response about finding a balance is a form of self-awareness; this participant stated "Taking care of my emotional and personal needs is essential to keep a good balance" (Participant 10, personal interview, March 2013) and in a similar statement participant 8 stated "We have a personal and professional life. We need to know when our professional life ends we can enjoy our personal life" (Participant 8, personal interview, February 2013). Many participants also discussed having a boundary between one's personal and work life. This reinforces the literature as Wicks (2008) notes that the helping role a social worker fulfills is intense and can cause risks to psychological and physical health if a balance between work and personal life is not found. Finding this balance improves well-being and is an imperative concept in practicing self-care.

Additionally, Wicks (2008) advises activities and hobbies to practice self-care. All participants recognized this and the most popular responses included exercising, taking vacations, and getting massages. Other activities mentioned were naps, scrapbooking, pedicures, facials, laughing, photography, and going to the beach (the entire list is included in Table 2).

Self-care Strategies Implemented in the Organization

Though an individual must take appropriate actions to practice self-care, responsibility also lies with the organization; Maslach (2003) highlights that research has found that organizational factors play a significant motive. Maintaining self-care will not be successful without the backing of the organization. Shafritz, Ott, and Jang (2011) discuss that the organization and staff are codependent because both must meet the needs of one another to work in harmony, thus ensuring the agency runs most effectively. They argue that administration needs to be vocal in communicating concerns that arise or there will be negative consequences and the data of this research project proves this to be true. When participants were asked about a recent department

restructuring (bringing in Licensed Vocational Nurses to take over discharge planning), many participants felt negative about the change because administration failed to properly communicate the change to the staff. This is depicted by a participant statement, "It causes a lot of tension and stress, that's what I meant when I say it wasn't thought out properly. Maybe it could have communicated a little better, if they would have been more up front" (Participant 2, personal interview, February 2013) and one participant states

> It brings the moral down, and you just never really know what is going to happen. A meeting gets called and there is a sense of anxiety and panic. I think over the years there is a lot of mistrust with administration, and are they really telling us what's happening? Everybody is always asking for transparency and I don't think we always get that. (Participant 9, personal interview, March 2013)

and along the same line, a participant states "They should have kept them on board the whole way. There seems to be a little bit of division there" (Participant 12, personal interview, February 2013). These statements exemplify the value of administration communicating with

staff, because the failure to do so caused a decrease in moral and negative thoughts directed towards administration. If staff think the administration is mistrusting they are not going to show respect, and this will lead to a decrease in employee performance. The stress and anxiety from administrations lack of communication had additional ramifications; it left the staff shorthanded and having to work harder to pick up the remaining workload. A participant discusses this by stating

> A lot of people who had the opportunity left and then administration found themselves in a position where they maybe reached the goal they wanted to, but sooner than they thought and now there is too much work for the current social workers that have to have to pick up the slack. (Participant 2, personal interview, February 2013)

An integral part of the organization is the role of the supervisor. Shafritz, Ott, and Jang (2011) argue that attention needs to be paid to employees as individuals. The data supports this argument because one participant was asked if she receives positive feedback and she responded

> No. I know that she's grateful, I know she trusts that I can work independently, and do what I need to do. She knows that I'm ethical. I can go to her and say I don't want to do this and vent my frustration as raw and candid, but I wish she would say 'you've done a really good job, it's really tough' and give you that moral support. (Participant 3, personal interview, February 2013)

and a participant stated "No, I would like some feedback. I think they think I've been a social worker so long, that I'm fine on my own. It would be nice to have some feedback" (Participant 7, personal interview, February 2013). Many other participants reported receiving more feedback when there was an additional supervisor and wishing they had more one on one scheduled supervision time. Though participants expressed the aforementioned thoughts, many on the same token perceived their relationship with their supervisor as positive and felt they could approach their supervisor with any concerns or issues if they needed to. Interestingly, data illustrated that some participants compensated for positive feedback by stating that their supervisor showed it in other ways, for instance by assigning an employee to be in charge and

deferring employees' to a specific person to answer questions.

An individual must take responsibility within the organization as well, and this is accomplished by reaching out to colleagues for support. In the literature Berkman (2000) discussed the correlation between maintaining supportive, close relationships and being in good health. Shier and Graham (2010) also proved the value of social resources in an organization with their study in which they interviewed for factors affecting social workers' subjective well-being in the workplace. They found that when social workers have relationships at work with one another it contributes immensely to well-being because it serves as a source of support and comfort. The data collected in this research project supports Graham and Berkman's findings; one participant stated

> I think it's important to have a good communication with your colleagues, I mean it helps to discuss things at work, personal stuff, you know so you have someone to vent with and talk about stuff with. When you get isolated it brings you more down. (Participant 2, personal interview, February 2013)

and another participant stated

> I think it's incredibly important to have somebody you can process with that is on the same unit that is having the same feelings and experiencing the same pain, or maybe not but is able to help you get through it. (Participant 3, personal interview, February 2013)

Shier and Graham (2010) also discuss the value of interacting with colleagues to exchange information and problem solve; this is also supported in data findings of this research as a participant states

> Many of them have more experience than me in the medical setting, so I go to them for information and that's very helpful because if that wasn't there I would be a lot more stressed, because I would have to use a lot of my time and effort to find these answers that they're able to give me and at least point me in the right direction. (Participant 8, personal interview, February 2013)

The organization and staff must equally share the responsibility on efforts aimed towards continual training to further develop skills. Ackner (2010) discusses this and argues that it strengthens competence

which advances professional development. Data findings of this research align with this argument; a participant stated

> The ones I've been to, and the couple of conferences around a particular program have been for the care transition that I do. Those were hugely beneficial; I learned a lot, how to do things differently and the focus that we have for the patient's self empowerment. (Participant 4, personal interview, February 2013)

and in reference to attending a drug and alcohol training, a participant stated "It helped me to come across as not judgmental" (Participant 3, personal interview, February 2013). This draws attention to the value of training because it helps further growth of the individual which will make them more effective in practice. The majority of participants verbalized that they believe there is always room for professional improvement and they are open to additional training opportunities, especially about interventions and information specific to hospital social work. Participants voiced their disconcert about how county budget cuts have resulted in the staff having to use

their vacation and sick time to attend trainings, and even then it is difficult to get these requests approved. Though one participant had a different mindset by stating

> I think it's not so much what the hospital allows me, but what I do personally. I take very little sick leave, and vacation leave. The county unfortunately doesn't have money to allow me to do training on county time. I make sure I preserve that, it important for my professional growth; I take vacation time to go to conferences to expand my clinical practice. (Participant 6, personal interview, February 2013)

However it is contradicting to self-care efforts for one to have to use their vacation and sick leave to further their professional growth.

Perceived Challenges and Self-care

Challenges and stress cannot be prevented, but one can help this by changing their perception, or point of view. Wicks (2008) explains that this is possible through the concept of mindfulness. When an individual is mindful they are approaching their present experience with acceptance; this promotes one's wellbeing because it increases positivity. This research supports this because

a participant was able to optimistically adjust to the department restructuring with his thought process; this participant states

> Like anything that is a change it's got positives and negatives. Any change in life is not easy, it's different, and we're still in transition. We're not all the way through this so there will be a lot of rough spots. Overall the end goal seems it's going to be a positive thing. (Participant 8, personal interview, February 2013)

Another participant was also able to focus on the positives brought on by the department restructuring, this participant stated

> I actually think it's really positive, because we're a medical setting and many times before the social workers had a huge responsibility of trying to manage the medical and the mental health portions of it that I thought were not fair. I'd rather see the social workers on the unit use their clinical therapeutic skills with patients than setting up home health care and nursing referrals. (Participant 6, personal interview, February 2013)

An individual must also be honest with their self and believe they are able to improve challenges by practicing more self-care strategies. Participants were asked to identify challenges they face in carrying out their role, followed by asking if they felt those challenges could be alleviated through the use of more self-care. Those participants that agreed this would help were more open and positive in their outlook, and seemed to be more comfortable in the work setting. A participant stated

> I think having a positive attitude helps a lot, especially in a situation where you can't change anything. If I come in today and say where am I working today, that I can't help. I have a job, I have to just go in there and make a plan of what to do (Participant 2, personal interview, February 2013)

and a participant stated

> I think talking it out with others. I think that's increased, and just recognizing it's a choice you make. No one is tying you to a place; it's a choice you stay. Accepting and realizing that whatever the

good you can pull out of it. (Participant 13, personal interview, February 2013)

In comparison to these positive approaches, one participant stated "No that would only stress me out more, because it would take time away" and a participant stated "No. This has nothing to do with your personal life" (Participant 7, personal interview, February 2013). This data implies that feelings about work increase one's positive attitude and subsequently their well-being.

Implications for Well-being in the Workplace

If an individual has a positive well-being in the workplace they are going to be more effective in their practice because they feel valued and respected. Not feeling appreciated is a risk to well-being because it may cause one to have negative emotions about their role. When asked, many participants felt they were not appreciated by their organization and this is cause for concern especially if one feels their efforts are not recognized. One participant stated "I don't think they understand because there is half of us here now. That in its self makes you feel were not appreciated or we're not needed. They can do more than people realize," this participant goes on to say "Unfortunately just by the

shear situation that we're in now, it gives you the impression that administration does not appreciate or does not realize what we need" (Participant 2, personal interview, February 2013). An individual may be distracted from their role if they are worrying about the future of their position; a participant stated "I'm a little disappointed with things that have gone on around here. I used to feel secure, and now I just question with the new people in charge in leading the troops" (Participant 13, personal interview, February 2013).

Shier and Graham (2010) argue that it is significant for the social worker to perceive their role as a good fit for them and view their work as meaningful, as this will directly influence job satisfaction. This research strengthens this concept because participants were asked what keeps them going in their profession and many responses surrounded on how their work is meaningful. A participant stated

> At the end of the day if I help one patient, and feel like they got the resources they needed, or made his or her life a bit better, or comforted a family member with a dying patient, or with a terminal illness, it makes your life worthwhile that

> you've come and made a difference in somebody's life... (Participant 2, personal interview, February 2013)

and another participant stated "When you connect with somebody as a clinical therapist, and their able to get a moments peace. In the chaotic life for them in that moment or they get it" (Participant 12, personal interview, February 2013).

When one feels they are not appreciated, an alternative to negative feelings is self-validation. Self-validation can take the form of reflecting on rewarding aspects of one's profession. This is portrayed in a participant's statement,

> It is rewarding to work with people when it is a life or death situation and they give it their all. You have to like to serve people in order to do this, but it's good to know you have done everything you can to alleviate someone's anxiety, to walk them through difficult situation (Participant 3, personal interview, February 2013)

and when one participant stated

> Knowing I made a difference. Making and forming relationships with people. I get a lot of

> satisfaction out of when a family says 'we didn't even feel like we were in a hospital' or 'you guys made it so much easier, and we felt comfortable here'. (Participant 11, personal interview, February 2013)

In the literature Pines et al. (2011) discusses that resiliency helps one to adapt to stress and is a source for psychological empowerment because one will focus only on their abilities and not their downfalls; this has been the driving force behind this research project. The final question participants were asked was to identify their strengths with the purpose of ending on a positive note with the hopes that they would be reminded of the strengths they possess to overcome periods of adversity. The researcher found it insightful that participants all responded differently, unlike all other interview questions which had similarities.

Conclusion

The findings of this research study indicate the significance of using self-care strategies because it improves one's overall well-being and enables them to be most effective in their professional practice. This study found that importance needs to be placed on continually

meeting self needs to allow an individual to not project internal issues on a client and thus maintain being present in the moment while in practice. This study established that fundamental self-care strategies to achieve this include being mindful of one's strengths, approaching challenges with a positive perspective, reflecting on intrinsic rewards of their profession, and finding a balance between one's personal and professional life.

In understanding the organization's influence on self-care, the findings of this research reveal that administration must effectively communicate concerns and proposed changes with staff because failure to do so raises the stress level of employee's and decreases moral in the work setting. These consequences have further damaging affects to include an increase in staff turnover, and feelings of mistrust towards administration which may be a source of lower employee performance. There is also a risk to an employee's performance when they do not feel appreciated by their organization because this causes them to think they are undervalued and not respected. This research also points out many employees appreciate supervisor attention either through

positive or constructive feedback, approachability, and/or being perceived as knowledgeable.

Research findings of this study found a positive correlation between co-worker support and a positive well-being in the workplace because individuals feel supported and comforted during periods of distress. Findings for this study on the self-care experience also highlighted the need for training opportunities as they foster professional development in working with clients.

Limitations of Study

The small sample size and gender imbalance of participants included in this study are limitations because the research findings are not able to be generalized. It is recommended that further studies on this research project's area of focus extend to include a broader sample size and unlike this study, have participants included from differing hospitals. Additionally, the researcher felt time constraints prevented a thorough investigation of data analysis and interpretation; it is recommended that for future studies the researcher allot more time to accomplish this.

It should be noted that another limitation to consider is related to unintentional bias directed towards participants because the researcher worked with participants because it was her internship placement. This bias could of possibly affected data analysis of participant responses. Another limitation is that participants may have been affected because they knew the researcher. Participants also may have been fearful to be honest for fear that it would negatively influence their work position.

Implications of Findings for Micro and Macro Practice

The information obtained in this study is a vital contribution to social work practice because it builds knowledge in understanding factors that interfere with social work practice performance. At a micro level this improves individual self-care strategies and personal well-being in the workplace, which will in turn advance the quality of services provided to clients. At a macro level, organizations better understand how to meet the needs of their employees to increase retention and moral in the work setting.

Summary

This chapter explained the process of data analysis and presented the core domains that became the focal point for data interpretation. Data interpretation fostered the conceptualization of reporting the research findings to evolve in a theory to understand the self-care experience. Following this limitations to this study were discussed. Finally, the potential this research focus has for micro and macro social work practice was explained to include improving the quality of services provided to clients, boosting social worker well-being, and reducing turnover at the organizational macro level.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

This chapter begins by discussing the process of termination with the research participants and the research site. Next the chapter states how the research findings will be communicated and the plan for ongoing relationships with participants involved in this study. Lastly, an outline is given to illustrate how findings gained from this study will be disseminated to further social work knowledge.

Termination of Study

Termination for this study will be carried out by reporting the research findings to both colleagues in the Master of Social Work program and to the department of social work at the research site, Riverside County Regional Medical Center. In terminating the relationship with the gatekeeper and participants involved in this study, they were invited to attend a presentation about the research findings which will be given at the research site. The participants in this study were previously thanked for their contributions following the interview,

but the researcher additionally will communicate appreciation and gratitude following the presentation.

Communicating Findings to Study Site and Study Participants

Aligned with the principles of the Post Positivist approach used in this study, it is imperative to report the research findings of this study to participants and the research site. A presentation will be prepared to relay information obtained from participant responses to allow for increasing their knowledge of the self-care experience. The presentation will not only offer knowledge on this research focus, but present the opportunity for the social work department to learn the perspectives of their colleagues. The presentation will involve educating the research site about literature on self-care, and the theory that evolved from analyzing the research findings.

Upon approval, the study participants and research site will be notified of the completed official document that will be placed for retrieval in the John M. Pfau library at California State University, San Bernardino if they would like to access this research project in its entirety.

Ongoing Relationship with Study Participants

Following the presentation of research findings to the participants, the researcher does not intend to have an ongoing relationship in regards to this research project. However, the researcher hopes to be employed as a medical social worker at the research site and continue to have interaction with all the participants on a regular basis. This project has been valuable in not only furthering knowledge of the self-care experience to grow professionally and personally, but has aided in establishing relationships with the participants.

Dissemination Plan

The findings of this research project will be communicated through a presentation to the social work department at RCRMC during a staff meeting. This presentation will be in PowerPoint format with handouts to give to staff. The presentation will discuss overall findings of the study and a theory to understand the self-care experience the researcher's findings conclude in. The findings will also be presented to the social work field at California State University, San Bernardino's School of Social Work "poster day" which

provides an opportunity for students, faculty, and social work professionals to be educated on various research projects. Additionally, the completed research project will be held in the CSUSB John M. Pfau library for people to view.

The gatekeeper and participants will be given information on the research findings of this project with the goal of having them apply the findings to bring about successful change in improving the self-care experience of medical social workers. If success is met at RCRMC in applying the findings of this research project, it will provide the opportunity for other agencies to use this information to improve self-care practices.

Summary

In this chapter it was discussed how relationships with participants and the research site plan to be terminated. Following, how the findings will be communicated was elaborated on, in addition to the forecasted relationships with the participants following this study. The chapter concluded in a description of how the findings will be disseminated.

APPENDIX A

DATA COLLECTION INSTRUMENT

DATA COLLECTION INSTRUMENT

1. What is your ethnicity?
2. How many years have you been practicing social work?
3. What is your education degree?
4. What is your work title?
5. What unit do you work in?
6. In this study, self-care is defined as "efforts that are undertaken to ensure that all dimensions of the self receive the attention that is needed to make the person fit to assist others" (Moore, Bledsoe, Perry, Robinson, 2011, p.545); this is maintaining your health both physically and mentally. With this being said, how important do you feel practicing self-care is?
7. What self-care strategies do you use?
8. To what extent do you rely on your co-workers for social support?
9. What opportunities have been made available to you for continued training to strengthen your social work skills?
10. How have meetings and training opportunities benefited your social work position?
11. Do you receive positive feedback from your supervisor?
12. How do you feel about the recent department restructuring?
13. Can you identify three challenges you face in carrying out your role as a medical social worker.
14. Do you think the challenges you just stated could be alleviated by using more self care strategies?
15. What keeps you going as a medical social worker?
16. Do you feel appreciated by your organization?
17. Identify three aspects of your work you find rewarding.
19. Do you think your well-being would be improved at work with self care strategies?
19. What strengths do you have that allow you to cope with stressors in your work environment?

Developed by Chelsey Diane Davis

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

This study is asking for your participation to research and understand the self-care experience of medical social workers. This study is being conducted by Chelsey Davis under the supervision of her research advisor, Dr. Tom Davis, a professor at California State University, San Bernardino.

This study would appreciate your permission for your participation in answering a series of questions about your self-care experience. With your permission, your answers will be audio recorded and destroyed following the completion of this research project. Your responses during the interview will be strictly confidential and no identifying information will be included in the findings of this study. Your participation in this study will have no influence on your employment. This interview should take no more than an hour of your time and will be held in a private space within your agency, RCRMC.

Your participation in this study is absolutely voluntary and you may end the interview at any time if you feel uncomfortable. You may choose to opt out in answering any question. There are no foreseeable risks associated with your participation in this study. I ask for the sake of the validity of this research project that you not discuss your answers outside of this interview. Your responses will aid in a better understanding of the self-care experience and will expand knowledge in the social work literature.

This research project has been approved by the School of Social Work Sub-Committee of the California State University, San Bernardino Institutional Review Board.

If you have any questions or concerns please feel free to contact my research advisor Dr. Tom Davis at 909-537-3839.

By marking below, I acknowledge that I have been informed of, and understand the purpose of this study and what my participation will involve. My mark below is my consent to voluntarily participate in this study.

Place a check mark here ☐ Date:_____

APPENDIX C

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The study you have just completed was created to better understand your self-care experience. The purpose of the questions you were asked during the interview were aimed at gaining knowledge about self-care strategies you use and how your organization influences your self-care. The researcher will report your interview response, but your name will remain confidential.

Thank you for your participation in this study and not discussing the contents of the interview with other participants. If you have any questions about the study, please feel free to contact Professor Tom Davis at 909-537-3839. If you would like review this research project or would like a copy of the results, please refer to the California State University, San Bernardino at the John M. Pfau Library after September 2013.

If you found this study topic meaningful and would like information on self-care strategies, you may like reading *The resilient clinician* by Robert J. Wicks and *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals* by Thomas M. Skovholt and Michelle Trotter-Mathison.

APPENDIX D

DEMOGRAPHICS

I. Demographics

Work Title and Credentials					
MSW	MFT	LCSW & MPA	MA in psych counseling & MSB	MS in child life	MA in clinical psych
7	2	1	1	1	1

Years of social work experience				
1-5 Years	6-10 Years	11-15 Years	16-20 Years	21+ Years
1	1	3	3	5

Assigned Unit				
Medical/Surgery	Adult Critical Care Unit	Pediatric units/ Postpartum/Labor & Delivery/NICU/ Nursery	Float (covering all units)	Mental Health
4	1	3	4	1

Ethnicity				
Caucasian	Hispanic/Latino	African American	Asian	Other
6	4	1	1	1

Gender		
Male	Female	Total # of Participants
2	11	13

APPENDIX E

RAW DATA

Table A2: People

- *"There is [two co-workers] and I are a core little group"* (Participant 1, personal interview, February 2013).
- *"I think it is important to have good communication with your colleagues..."* (Participant 2, personal interview, February 2013).
- *"I always like to consult with other social workers that have more experience than me"* (Participant 2, personal interview, February 2013).
- *"...but with kids it's a different dynamic all together. Most people find it unfair when a child dies because of the concept that adults should die before kids"* (Participant 3, personal interview, February 2013).
- *"Many of us who are parents could identify with parents that are in that situation"* (Participant 3, personal interview, February 2013).
- *"Socially I enjoy working and interacting with social workers here"* (Participant 4, personal interview, February 2013).
- *"When we have issues with supervisors, I can go vent or ask another co-worker...* (Participant 4, personal interview, February 2013).
- *"The other day I called [a co-worker], I couldn't even think straight anymore..."* (Participant 5, personal interview, February 2013).
- *"...but we sometimes need to vent about it, doctors, patients..."* (Participant 6, personal interview, February 2013).
- *"Actually I do with one co-worker, a case manager here and I will support each other"* (Participant 7, personal interview, February 2013).
- *"I feel like I know my co-workers strengths... I'll call a specific person and ask for their assistance"* (Participant 8, personal interview, February 2013).
- *"...it's really helpful to have another child life specialist"* (Participant 9, personal interview, March 2013).
- *"We are definitely a team; we cannot survive without each other. I'm in constant contact with personnel in the ER"* (Participant 10, personal interview, March 2013).
- *"Two of my friends, we pretty much have lunch together..."* (Participant 13, personal interview, February 2013).
- *"The [supervisor] is doing the Palliative Care. A social worker or a group of social workers had to do a presentation..."* (Participant 1, personal interview, February 2013).
- *"You might have them for mental health or working with children..."*

(Participant 4, personal interview, February 2013).

- *"[Co-worker] only had psych patients, now we all have them because there is no room..."* (Participant 5, personal interview, February 2013).
- *"Yes, [supervisor] will send out emails regarding training in the community"* Participant 9, personal interview, March 2013).
- *"I think partly it's the education itself and partly being with a group of professionals"* (Participant 9, personal interview, March 2013).
- *"Yes, I have a good relationship with [supervisor], and I had a good relationship with [previous supervisor]"* Participant 1, personal interview, February 2013).
- *"She has more employees that are taking attention away from me"* (Participant 4, personal interview, February 2013).
- *"I don't really know, I don't interact with the [supervisor]"* (Participant 5, personal interview, February 2013).
- *"I miss that support, but [supervisor] is inundated with all she has to do"* (Participant 9, personal interview, March 2013).
- *"Yes, [supervisor] is very positive. She always builds you up"* (Participant 10, personal interview, March 2013).
- *"The way it's set up now, the discharge planners and the case managers, they are nursing based on doctors' orders, so they are struggling"* (Participant 1, personal interview, February 2013).
- *"As a social worker working with a client..."* (Participant 1, personal interview, February 2013).
- *"I know a lot of my colleagues, especially those are vested in this county..."* (Participant 2, personal interview, February 2013).
- *"I work here on the ACCU, which we don't have a discharge planner"* (Participant 2, personal interview, February 2013).
- *"It's really tough because instead of sitting in and spending more time with the family you don't have that luxury"* (Participant 3, personal interview, February 2013).
- *"I think someone who has not sat down and been on the other end when a mother is getting cancer diagnosis..."* (Participant 3, personal interview, February 2013).
- *"The social workers really drove the discharge planning..."* (Participant 4, personal interview, February 2013).
- *"They were advocating for their patients..."* (Participant 6, personal interview,

February 2013).

- *"If you have a discharge planner or case manager, and social worker..."* (Participant 6, personal interview, February 2013).
- *"I don't think [supervisor] has done much for us as a department..."* (Participant 7, personal interview, February 2013).
- *"...to see co-workers stretched thinner and worry about what's going to happen tomorrow..."* (Participant 9, personal interview, March 2013).
- *"I think the restructure is good with the case managers because they are RN's..."* (Participant 10, personal interview, March 2013).
- *"...I believe the only support I've seen is through the immediate supervisors"* (Participant 12, personal interview, February 2013).
- *"The client population is having more needs..."* (Participant 1, personal interview, February 2013).
- *"The nurses and clerks don't even need to come to us..."* (Participant 5, personal interview, February 2013).
- *"I'm talking about the family medicine doctors or nurse practitioners I haven't had for over a year"* (Participant 6, personal interview, February 2013).
- *"It's a challenge to see as many patients as you can in a day"* (Participant 13, personal interview, February 2013).
- *"For me it's serving God, and serving people"* (Participant 13, personal interview, February 2013).
- *"I talked with friends that go around the country doing this, and we talk about this"* (Participant 4, personal interview, February 2013).
- *"I think medical social workers are important in the hospital setting"* (Participant 2, personal interview, February 2013).
- *"It gives you the impression that administration does not appreciate or does not realize what we need. That's why you have your co-workers and you do stuff for you"* (Participant 2, personal interview, February 2013).
- *"To have the patients and family taken from a crisis..."* (Participant 1, personal interview, February 2013).
- *"...CPS knocking at your door..."* (Participant 3, personal interview, February 2013).
- *"Sometimes it's not the patients that stress you out, it's the people who work here"* (Participant 5, personal interview, February 2013).

- *"...medical social workers and the psych team. Medical social workers are always there for you"* (Participant 12, personal interview, February 2013).
- *"My husband doesn't like me to talk about work"* (Participant 1, personal interview, February 2013).
- *"I have a therapist I go to..."* (Participant 3, personal interview, February 2013).
- *"I was a church minister..."* (Participant 13, personal interview, February 2013).
- *"She is my contact person for any problems and issues, and dealing with administration"* (Participant 4, personal interview, February 2013).

Table A3: Places

- *"I've been here in the hospital for a little over two years"* (Participant 2, personal interview, February 2013).
- *"Quite a bit in at least the pediatric units... I don't know about adult units"* (Participant 3, personal interview, February 2013).
- *"I don't know why, but they don't either at the Office on Aging"* (Participant 4, personal interview, February 2013).
- *"I live in Temecula, and a lot of they live in Riverside"* (Participant 4, personal interview, February 2013).
- *"Many of them have more experience in the medical setting"* (Participant 8, personal interview, February 2013).
- *"The sense of community..."* (Participant 9, personal interview, March 2013).
- *"I'm in constant contact with personnel in the ER"* (Participant 10, personal interview, March 2013).
- *"My department is a little bit separated from the others"* (Participant 12, personal interview, February 2013).
- *"A lot of my closest friends are here at work"* (Participant 13, personal interview, February 2013).
- *"Obviously they encourage you to go to conferences..."* (Participant 4, personal interview, February 2013).
- *"It's not to strengthen our social work skills, but the way Sacramento wants us to do things. There is not frequently stuff that comes up that is really pertinent to the hospital"* (Participant 4, personal interview, February 2013).
- *"All that stuff they talked about in school, useless, 99.9% useless"* (Participant 5, personal interview, February 2013).
- *"I take vacation time to go to conferences to expand my clinical practice"* (Participant 6, personal interview, February 2013).
- *"...like the Inland Empire Palliative Care Coalition...as it relates to Palliative Care to bring back to the community"* (Participant 6, personal interview, February 2013).
- *"...I go to Christian social work conferences and ones through NASW"* (Participant 7, personal interview, February 2013).
- *"I'm going to a conference this year..."* (Participant 8, personal interview, February 2013).
- *"The multidisciplinary meetings that are part of a regular basis around here*

and out long term meetings..." (Participant 8, personal interview, February 2013).

- *"I just registered to attend our national conference, which will be in Denver in May"* (Participant 9, personal interview, March 2013)
- *"We have monthly meetings in the social work department and each of those includes some training. We are offered training fairly consistently through the department, Patient and Family Services"* (Participant 12, personal interview, February 2013).
- *"They offer in-services or conferences. I pretty much do the ones in the hospital"* (Participant 13, personal interview, February 2013).
- *"One time our goal was to maybe have two social workers on a floor"* (Participant 1, personal interview, February 2013).
- *"I work here on the ACCU, which we don't have a discharge planner"* (Participant 2, personal interview, February 2013).
- *"I don't think the hospital truly understands our value and what it is that we do"* (Participant 3, personal interview, February 2013).
- *"...and we don't do a lot of discharge planning on this unit"* (Participant 7, personal interview, February 2013).
- *"I don't work in administration and I separate myself from having to worry about that"* (Participant 11, personal interview, February 2013).
- *"I think emotionally for the department it is extremely difficult"* (Participant 12, personal interview, February 2013).
- *"My biggest thing is the waste of monies in the state of California"* (Participant 13, personal interview, February 2013).
- *"The high census and lack of resources in the community"* (Participant 1, personal interview, February 2013).
- *"I learned early on you memorize names, so when I call a certain department I'll know who to ask for, who is helpful and who is not helpful"* (Participant 5, personal interview, February 2013).
- *"...it only goes as fast as Human Resources gives me the list I can interview from"* (Participant 6, personal interview, February 2013).
- *"I'm surprised there is not barbed wire down at Medi-Cal"* (Participant 5, personal interview, February 2013).
- *"Lack of support from the social work department..."* (Participant 7, personal interview, February 2013).
- *"It will take us sometimes an hour to convince the pharmacy to give a*

discharged patient their medications" (Participant 10, personal interview, March 2013).

- *"I work outpatient sometimes, and it's down stairs and then going back upstairs"* (Participant 11, personal interview, February 2013).
- *"Being a medical social worker, the environment here is great, it's helping others"* (Participant 2, personal interview, February 2013).
- *"...but when I see patients' in their homes, they are just not motivated"* (Participant 4, personal interview, February 2013).
- *"...I worked in probation when I was in college to get me through school"* (Participant 5, personal interview, February 2013).
- *"There are people in the emergency room that I know could do something themselves, but they will call me"* (Participant 12, personal interview, February 2013).
- *"I don't know how much they recognize or understand the befits of social workers in a county setting"* (Participant 13, personal interview, February 2013).
- *"I go to the gym at least two times a week"* (Participant 11, personal interview, February 2013).

Table A4: Things

- *"Even sometimes in the evenings we've gone out to dinner. We were all hired a year apart, so we celebrate our anniversary. The three of us, if we're having a bad day we console each other"* (Participant 1, personal interview, February 2013).
- *"...we pretty much always have lunch together, and we talk about stuff"* (Participant 13, personal interview, February 2013).
- *"There have been times where I've had to apologize; I'm surprised that they didn't write me up"* (Participant 3, personal interview, February 2013).
- *"I'm heavily addicted to vacationing, so that is always a goal for me is to have a place planed out, and then I work throughout the year to save up money and save up time to get out. We don't have watches, we don't have cell phones"* (Participant 1, personal interview, February 2013).
- *"I get massages. I take a nap whenever I feel I'm exhausted. I exercise, but I haven't been doing that. Basically taking a break sometimes, I will take a mental health day because it gets to be too much"* (Participant 2, personal interview, February 2013).
- *"I laugh... I pray and I go to church. Physically I exercise at least 3 times a week... I have a therapist I go to that is absolutely wonderful. I take my vacations"* (Participant 3, personal interview, February 2013).
- *"I've started running. I run like two to three days a week... I don't work off the clock, or stay extra hours"* (Participant 4, personal interview, February 2013).
- *"I took up running, because the stress was really bad. I do 5K's now. I drink a lot of teas. I have a massage chair, so when I get home, I will do that. Pedicures, facials... I did take up smoking, about six months ago..."* (Participant 5, personal interview, February 2013).
- *"I do exercise"* (Participant 6, personal interview, February 2013).
- *"During the day I'll go outside, and just breathe in fresh air and get out of the hospital setting, and take a walk"* (Participant 8, personal interview, February 2013).
- *"Another one is spending time at home with my kids and husband. I do photography, scrapbooking, and cooking or baking. I try to get a massage at least once a month"* (Participant 9, personal interview, March 2013).
- *"I exercise and I have a big house, so I do a lot of gardening. I'm also a teacher of music, so I play as much as I can. I take vacations also"* (Participant 10, personal interview, March 2013).
- *"Diet and exercise are some of the things I do"* (Participant 11, personal

interview, February 2013).

- *"Working out physically. Trying to eat right, and getting enough rest"* (Participant 12, personal interview, February 2013).
- *"We take hikes and walks. Massages and talking to friends and family"* (Participant 13, personal interview, February 2013).
- *"There is a lot of documentation that has to be done, and getting from patient to patient..."* (Participant 11, personal interview, February 2013).
- *"I think a pedicure or a manicure. Incense candles or dim lights, I do everything that can distress me"* (Participant 5, personal interview, February 2013).
- *"I do data reports every quarter and look at people I've enrolled in the care transition program who completed and see if they come back to the hospital"* (Participant 4, personal interview, February 2013).

Table A5: Ideas

- *"Very important, because if I didn't do self-care I couldn't be effective in dealing with death and dying issues"* (Participant 6, personal interview, February 2013).
- *"I think probably in this field it's extremely important. Theoretically whether it actually happens on a day to day basis is another question"* (Participant 9, personal interview, March 2013).
- *"I think it's essential to keep a balance to be effective with the patients and not starting to portray your own problems or issues, or tiredness or stress. Taking care of my emotional and personal needs is essential to keep a good balance"* (Participant 10, personal interview, March 2013).
- *Important always, in any profession not just social work. You have a personal and a professional life. We need to know when our professional life ends and we can enjoy our personal life"* (Participant 8, personal interview, February 2013).
- *"Extremely important. Ten out of ten"* (Participant 12, personal interview, February 2013).
- *"It's very important, extremely important; it's on the top of the chart"* "Participant 11, personal interview, February 2013).
- *"We get along with the other co-workers and we still bounce ideas off of people"* (Participant 1, personal interview, February 2013).
- *"I think it's important to have a good communication with your colleagues, I mean it helps to discuss things at work, personal stuff, you know so you have someone to vent with and talk about stuff with. When you get isolated it brings you more down. I like to always consult with social workers that have more experience than me. I appreciate other people's experiences"* (Participant 2, personal interview, February 2013).
- *"I think it's incredibly important to have somebody you can process with that is on the same unit that is having the same feelings and experiencing the same pain, or maybe not but is able to help you get through it"* (Participant 3, personal interview, February 2013).
- *"No one would be here if it weren't for each other. You totally call each other. I think, when you've been so long, and you're tied up in a case. The other day I called [a medical social worker], I couldn't even think straight anymore. You have to step away, but sometimes you can't even think. I had been working on a case for four or five hours, and I couldn't think anymore" (Participant 5, personal interview, February 2013).*
- *"I think when you do have difficult cases we do have opportunities for*

debridement with each other, because you have to make sure did I do or take care of everything that was necessary when it is a complicated case. It is good to talk to your co-workers and talk it out with regards to cases" (Participant 6, personal interview, February 2013).

- *"Many of them have more experience than me in the medical setting, so I go to them for information and that's very helpful because if that wasn't there I would be a lot more stressed, because I would have to use a lot of my time and effort to find these answers that they're able to give me and at least point me in the right direction. I do the same thing with my supervisor. I feel like I know my coworkers strengths, and what they're really knowledgeable in and so based on that I'll call a specific person and ask for their assistance. This goes back to self-care, because I don't have to do everything on my own. They help a lot keeping the stress level to a minimum"* (Participant 8, personal interview, February 2013).
- *"The sense of community, going through whatever these emotional experiences are together. The others social workers are great to debrief, but we do have different roles and our interactions. To have somebody else know exactly what I do is really helpful. There will be questions that my gut is telling one thing, but my training/education is telling me something else. I'll run things by her and she will run things by me to have a second opinion"* (Participant 9, personal interview, March 2013).
- *"We are definitely a team; we cannot survive without each other. My [supervisor] is excellent for venting and I have a couple of co-workers that are very supportive"* (Particiapnt 10, personal interview, March 2013).
- *"Here, I've relied on them heavily. I use them to find out how they experience things. How do they deal with issues and what resolutions they come up with, and I develop mine from there"* (Participant 11, personal interview, February 2013).
- *"I would probably say minimal. My department is a little bit separated from the others. What I do is a little bit different than what the social workers in others building do. I still rely on them for support on cases"* (Participant 12, personal interview, February 2013).
- *"A lot, my closest friends are here at work. We're like a little threesome here, however, throughout the hospital there are a lot really nice people I have interaction with. Two of my friends, we pretty much have lunch together, and we talk about stuff. To discuss second and third opinions, or suggestions, or we air frustrations"* (Participant 13, personal interview, February 2013).
- *"So, when I have refresher courses on conservatorship and things like that, I like the refresher courses training. In the hospital, we are set in our little world. We don't have a lot of new techniques coming in. I skip some of the*

lunch ones, because they are repetitive. If they are new and interesting and I can find a connection on what I'm doing on the floor I'll do it" (Participant 1, personal interview, February 2013).

- *"...you're always reviewing your skills and refreshing. It improves your skills. You learn something new, and you can implement that in your practice"* (Participant 2, personal interview, February 2013).
- *"It's really hard to get the time off. I think that's a deterrent, so I would say they are minimally supportive. They want you to, but they then expect you to use your own time and funds. I think any continuing education that you get is helpful. It helps add one more tool into your bag of tricks. The last training I did was drug and alcohol, and it was really powerful, because that is a population I don't have a lot of empathy with, or didn't. I had no empathy and no compassion, again it's tough to deal with an addict, who because of them your child's ear gets bit off by a dog because you're out there getting high. I still struggle, but understanding the pre-disposition, understanding how the family dynamic or social dynamics often affected the trauma, the crisis, the abuse. It has helped me a little bit. It helped me to come across as not judgmental. There have been times where I have had to apologize; I am surprised that they didn't write me up. I've had to apologize to parents, because I just struggle. It is definitely helpful, I like conferences"* (Participant 13, personal interview, February 2013).
- *"There is not frequently stuff that comes up that is really pertinent to working in a hospital. The ones I've been to, and the couple of conferences around a particular program have been for the care transition that I do. Those were hugely beneficial; I learned a lot, how to do things differently and the focus that we have for the patient's self empowerment. Those have been good. There are a lot of conferences I go to and I could have just grabbed the material, and just read it on my own. There is the rare conference, that you really learn a lot something new. When I see a conference flyer I don't get excited about it. Most of the time it's nothing new or helpful. Every now and then you'll be surprised"* (Participant 4, personal interview, February 2013).
- *"I think social work is more hands on. All that stuff we talked about in school, useless, 99.9 percent useless"* (Participant 5, personal interview, February 2013).
- *"I think it's not so much what the hospital allows me, but what I do personally. The county unfortunately doesn't have money to allow me to do training on county time. I make sure I preserve that, it important for my professional growth; I take vacation time to go to conferences to expand my clinical practice. I think it's great, because it allows me to do networking. They give me funds, they help me network, so that I can go to some of these conferences as it relates to Palliative Care to bring back to the community.*

That's where it has been helpful to me to get that balance where I have to find resources outside of the county" (Participant 6, personal interview, February 2013).

- *"Yes [in reference to wanting more training], there is a lot of training focused on nursing, but not the other fields"* (Participant 7, personal interview, February 2013).
- *"We have some training that is helpful here like [my supervisor] doing the palliative care because I don't have a lot of experience with that. I hope to learn something new, even if it's one thing, or approaching things in a new way. Yes [in reference to wishing there was more training], or even in general whether it's here or outside. I like to listen to different ideas and different ways of looking at things. Sometimes I don't agree with them, but a lot of times at the very least look at how you do and handle things. I try to find the value in them, instead of the pain in going to them. They're valuable in the sense that I get to hear prospectives that are different from mine or reinforce my ideas. Or just educational, I'm learning more about medical diagnosis and situations. They benefit me because the more I learn about the hospital and medical and different points of views and from different professionals and same profession, the more I am able to help my patients effectively, that makes my job more efficient so that hopefully I have time to take breaks and get out on time"* (Participant 8, personal interview, February 2013).
- *"I think the training opportunities that are specific to child life are very motivating and empowering. They definitely help renew your spirit, you motivation. It's hard day in and day out you feel do I want to do this anymore. I can be difficult at times when you have a string of really tough cases. I always feel renewed when I go, I think partly it's the education itself and partly being with a group of professionals that do what I do"* (Participant 9, personal interview, March 2013).
- *"None really. To increase my social work skills? [if participant is notified of any training opportunities] No. Not that I'm aware of. Yes [if participant would like more training], I guess I could always learn something new. If there is anything interesting or new I want to know about it"* (Participant 11, personal interview, February 2013).
- *"As far as my position, I think it always makes you more marketable to have more training. It increases my knowledge for patient care as well as being able to connect with the other social workers"* (Participant 12, personal interview, February 2013).
- *"You pretty much know what's going on and how to handle lot things, but sometimes it good for a refresher. For our job I don't see anything that's not being covered. It would be great if there were more community resources available to patients, especially the mentally ill and the homeless. We are kind*

of limited on that. That's the economy, over the years resources have dwindled" (Participant 13, personal interview, February 2013).

- *"I know I can go to [current supervisor], if I need her. [Supervisor] will tell me 'oh you did good on that', but most of my positive feedback comes by having her defer to me when she's gone, 'take the lead' or they'll send other people 'go ask [participant] or go work with [participant].' I guess they respect what I do so they send other people to me"* (Participant 1, personal interview, February 2013).
- *"Sometimes, for the most part she is really good. We get both, you want to get negative as well as positive. Constructive criticism. Because, I mean there's always room for improvement. I think one has to be realistic about improving and growing. If you are always hearing 'you're doing a good job,' that's not realistic. You want to hear you can always do better by this. I'm always looking for opportunities to improve and grow"* (Participant 2, personal interview, February 2013).
- *"No. I know that she's grateful, I know she trusts that I can work independently, and do what I need to do. She knows that I'm ethical. I can go to her and say I don't want to do this and vent my frustration as raw and candid, but I wish she would say 'you've done a really good job, it's really tough' and give you that moral support"* (Participant 3, personal interview, February 2013).
- *"Yes [importance of feedback], especially with the population that we work with. It's really stressful, and you wonder if you made a difference. It's important to hear back, but I don't if I need it as much as someone else"* (Participant 4, personal interview, February 2013).
- *"I like to be left alone; I'll call you if I need you. She is very independent, she doesn't micro manage, she lets you be, I love that. I like to be left alone"* (Participant 5, personal interview, February 2013).
- *"Yes episodically, but I don't think she really understands a lot of what social work is about. I think she believes you can take a social worker and put them in any environment, and there interchangeable. I think any kind of feedback would be good. I think with most supervisors you tend to get more negative than positive"* (Participant 6, personal interview, February 2013).
- *"No, I would like some feedback. I think they think I've been a social worker so long, that I'm fine on my own. It would be nice to have some feedback"* (Participant 7, personal interview, February 2013).
- *"I look at this as something to build on. Even though some may look at this as negative, I always want to look at it as something to improve myself. I feel like I can always improve. Yes, I try to use it in a constructive way, whether it's positive or negative. I see it as more of something I can possibly learn and try*

and do things different. I try to take all feedback and hopefully if I can use it to my advantage to help my patients, I try to incorporate it" (Participant 8, personal interview, February 2013).

- *"There is always something different to think about or different ways to handle a situation. I miss that support, but [current supervisor] is inundated with all she has to do, so we don't get that supervisory support that we used to. I know it's there if I need it, but there is no regular check-ins"* (Participant 9, personal interview, March 2013).
- *"Yes, [supervisor] is very positive. She always builds you up"* (Participant 10, personal interview, March 2013).
- *"She tries to give us positive feedback when she thinks about it. I don't have a direct supervisor anymore, so I'm speaking about the director of the program. She tries to give up as much positive feedback as she can. No [in reference to its importance of feedback]. I've learned not to make it an important thing"* (Participant 11, personal interview, February 2013).
- *"Yes. It keeps you motivated, and our supervisor happens to know the different areas that we work in. I think she's worked in most of them. She has a knowledge base that encourages and supports us"* (Participant 12, personal interview, February 2013).
- *"The director, I think she shows it in a different way, because she assigns you to be in charge, and handle things for her. She will come to you with questions if there are areas she needs assistance. I think she relies on some of the senior employees to help her. Yes, if things are really negative around you, it's always nice to have positives. I really work autonomously. I really don't need it from my supervisor. If there was negativity coming my way then I definitely wouldn't want that"* (Participant 13, personal interview, February 2013).
- *"I hate it; I think it's going to crash and burn. I think in a few years it's going to be a mess. There then going to rebuild up social work again because I already see it not working. Being in social work, our ability to think and problem solve comes in play for what we need for this type of clientele. The way its set up now, the discharge planners and the case managers, they are nursing based on doctors orders, so they are struggling. I know it's all new, but some of them have been doing it for some time. I can see the length of people staying is increasing instead of decreasing. As a social worker working with a client from the assessment period to the end, yes I'm doing discharge planning and funding, and social all at the same time; you are compartmentalizing everything. I'm holding on to a lot more than I probably should. Everything is just so compartmentalized. Being a long time county employee, it's a roller coaster. It goes up and down and up and down. I don't like it, I'm here I'm not going anywhere. I think they should have built up the*

social worker" (Participant 1, personal interview, February 2013).

- *"You can't help but feel the tension around you. I think the restructuring is something that's good I suppose, but I didn't think it was really thought out. The plan, things just fell into place, without being thought out completely. Yes [if they should have gotten the social workers input], because you know, I think, in my opinion, I believe a lot of people panicked when they heard about this restructuring. A lot of people who had the opportunity left and then administration found themselves in a position where they maybe reached the goal they wanted to, but sooner than they thought and now there is too much work for the current social workers that have to have to pick up the slack. We might be where they want us to be now, but the whole picture isn't complete yet. It causes a lot of tension and stress, that's what I meant when I say it wasn't thought out properly. Maybe it could have communicated a little better, they would have been more up front. I think our supervisors did their best in trying to notify us, but again I think the whole thing was ambiguous. I think [having the LVN's as discharge planners] helps. I work there on ACCU, which we don't have discharge planner. When I do help out on other units, I know that it does help to know I can give this patient a discharge to somebody else while I work on something else. I'm probably not the best person to be a judge of that, because I don't work on a unit on a continuous basis. I would say it helps, it can't hurt"* (Participant 2, personal interview, February 2013).
- *"I don't think the hospital truly understands our values and what it is that we do. I disagree with it. It's created an environment for those of us who truly get satisfaction in serving a family thoroughly and well, it's really tough because instead of sitting in and spending more time with the family you don't have that luxury. I think someone who has not sat down and been on the other end when a mother is getting a cancer diagnosis, or your loved one is going into hospice. Our job thoroughly and well is not to say here is the referral and not to just say I'm going to facilitate this, it's to connect with them. Connecting with someone in a quick manner, sometimes it's really tough. It truly is an art, it is a skill and building raptor is all about us and I don't think the restructuring allows for that"* (Participant 3, personal interview, February 2013).
- *"At first I was bummed, because I liked out of the hospitals around they still had a social work model. The social workers really drove the discharge planning. They were really a social work focus hospital, and they really had a high staff of social workers compared to other hospitals around. I really liked, that they valued that. I don't know how I feel about it. I'm seeing where they ultimately want to go to, I'm seeing if that does happen it's good because the social workers can be more clinical with the patients, instead of having to find bed side commodes. It's sad they have down sized the department. I don't like having it go to a medical model"* (Participant 4, personal interview, February

2013).

- *"The stress relief has gone from ten to like two. Before during the discharging, it was pressure, I got to get them out. If you're doing just assessments, and seeing how counseling is doing, if you don't get to them, unless their being discharged you can see them the next day. I love it; my discharge plan was actually gone during Christmas. I don't want my old job back"* (Participant 5, personal interview, February 2013).
- *"I actually think it's really positive, because we're a medical setting and many times before the social workers had a huge responsibility of trying to manage the medical and the mental health portions of it that I thought were not fair. In many ways I like the fact that we're doing some shifting. It's uncomfortable for some of the social workers, but in all honesty they were going out beyond their scope of practice. They were advocating for their patients about their medical conditions but they didn't have the ability to actually push a case through for advocacy because of medical limits. Working together as a team shows improvements. I'd rather see the social workers on the unit uses their clinical therapeutic skills with patients than setting up home health care and nursing referrals. In its goal it has just been very painful for the staff to recognize it's a positive thing, some are starting to see it now, but those that have not had the opportunity to have additional discharge planners with them are still probably pretty bitter. It's all a matter if a team works good together. If you have a discharge planner or case manager and social worker, working together and the social worker is gone for one day either one of your partners knows what's going on in your case. You can help support that family, so that they don't see a break in an emotional tie they have had in that unit. As opposed to having another clinician that doesn't know them get stuck in the middle"* (Participant 6, personal interview, February 2013).
- *"I think it was done very poorly. There was a lot that was done that I think was handled very poorly. For social work we have not been supported. I don't think [the supervisor] has done much for us as a department. We had two managers before, that fought very hard for social work that worked very hard to build the department. I feel like she just let it go. She gave in and didn't fight for the positions. That is the other thing I thought, they should have looked at each unit specifically and what the needs of each unit were, before they did these cuts and said we're bringing LVN's for this, but it really doesn't have an impact on us. The social issues we have are unbelievable"* (Participant 7, personal interview, February 2013).
- *"Like anything that is a change it's got positives and negatives. Any change in life is not easy, it's different, and we're still in transition. We're not all the way through this so there will be a lot of rough spots. More opportunities for stress because we are still stretched out. Overall the end goal seems it's going to be a positive thing. It seems us as social workers will being doing more in*

the hospital; therapeutic and emotional support for our patients and families and empowering them in the community and in their own lives" (Participant 8, personal interview, February 2013).

- *"I think the few months where everything was up in the air. It does affect the stress level in the department. It brings the moral down, and you just never really know what is going to happen. A meeting gets called and there is a sense of anxiety and panic. I had a lot of frustration with co-workers during that time just because some of the social workers didn't seem to me to see the overall change is a positive one because there is many times where I will have a patient on the adult floor, and the patient desperately needs a social worker to be doing therapeutic intervention and they don't have time because they're running verifs, kind of task things they do. My feeling on the general overall restructure is positive in that I would love to see social workers actually doing therapeutic interventions and helping families cope and teaching coping skills because I think our patients desperately need that. At the same time to lose so many people has been difficult, to see co-workers stretched thinner and worry about what's going to happen tomorrow has been tough. As far as affecting me in my daily role, it hasn't. I think over the years there is a lot of mistrust with administration, and are they really telling us what's happening. Everybody is always asking for transparency and I don't think we always get that"* (Participant 9, personal interview, March 2013).
- *"It did affect me, because so many people left in a short period of time. There was more pressure on us because they decided to leave. I think the restructure is good with the case managers because they are RN's and they are capable to listen to a doctor on the phone and write a note, its faster to be effective when patients need to get home health. The clinical aspect, handling the crisis and intervention, it's definitely better to be handled at the master's level in my opinion. I think eventually it will be more specific for the team on who will do what; it's the social worker's responsibility to make sure everything works"* (Participant 10, personal interview, March 2013).
- *"Well, what it turned out to be is they fired half of the team. That left us shorthanded, so the restructuring is that they needed to cut the budget. That's what it looked like. The result is there aren't enough of us to go around because of the restructuring. The discharge planner is really good. The discharge planner is needed 100%. They still need more social workers, because the role we provide there is not enough of us to go around"* (Participant 11, personal interview, February 2013).
- *"I think emotionally for the department is extremely difficult, and I believe the only support I've seen is through the immediate supervisors. I don't see much other support going on for the social workers. Through the restructuring, it's ok we're going to do this. This is what's happening and it's done. Definitely ask for their input before, during and after. They should have kept them on*

board the whole way. There seems to be a little bit of division there" (Participant 12, personal interview, February 2013).

- *I know with this change where case management is absorbing a lot of the patients that we formally worked on. Maybe it takes more time and training in learning how to deal with the county clientele. It's a little different than the public sector, and dealing with insurances. There is a little more insight, as far as getting to know the patient, and knowing how to work with individuals. I hope they have it right. I hope their plan works for them. I do enjoy the counseling aspect, so it's nice that is frees up more time for counseling. I do feel like the turnover is a little slower these days. Not to point fingers, but its new changes, and it takes a while"* (Participant 13, personal interview, February 2013).
- *"The client population is having more needs. They're coming in more sick, they're coming in in less socio economic streaks, and there needing more and we're trying to help with less resources. It used to be so easy to do things from when I started till now. MISP use to cover home physical therapy. Now RCH doesn't even do that unless it is under extreme circumstances. We need more social worker pay"* (Participant 1, personal interview, February 2013).
- *"I leave feeling inadequate, feeling I didn't do a good job because I feel like I didn't accomplish anything today. Was there something I missed? Stuff like that, so that's my biggest challenge"* (Participant 2, personal interview, February 2013).
- *"Time, not enough time. Not enough resources and not as much experience or developed skill set in one particular area. Not have quality training. I think that partly it has to do with supervision. Not enough training falls heavily on the supervisors. Right now because of the restructuring we are pretty much left to pull from the resources and knowledge that we have, and consult with each other. In this hospital for social workers, we lost the one person who truly was our in house teacher"* (Participant 3, personal interview, February 2013).
- *"The challenge with that is when I see someone struggling with that is I want to take over and do it for them. It's a challenge to stay in the correct role for that, the coaching role and not doing it for them. The third challenge for me is my priorities for what I think needs to happen in the course of the day, and what I need to accomplish in a day sometimes differ from what my supervisor thinks my priorities are. Her not knowing that you can one or two phone calls with patients, that are lengthy, and your whole day is turned upside down"* (Participant 4, personal interview, February 2013).
- *"The system, the hardest part is when I first started, knowing who to ask for, who to work with. It is a big system, so you have a bazillion people in the pharmacy, dieticians. I learned early on you memorize names, so when I call a*

certain department I'll know who to ask for, who is helpful and who is not helpful. I think they are so use to us solving all of problems. That's what's draining. They are unrealistic. They don't have [patients] two dollars for their co-pay, but they come to you about it and overwhelm you with small problems. That the patient's responsibility. The nurses and doctors want you to solve everything. They say they [patients] live in a trailer without electricity, well that better than most of our patients that live under a bridge" (Participant 5, personal interview, February 2013).

- *"Sometimes is just feels like there is not enough hours in the day. I'd say for me the palliative care is what sometimes makes it difficult to carry out my role is the, who's my other support team, and I don't mean the social workers, I'm talking about the family medicine doctors or the nurse practitioners that I haven't had for over a year"* (Participant 6, personal interview, February 2013).
- *"Lack of support from the social work department. Lack of support from [our supervisor], I talk to her about problems, but there doesn't seem to be any desire to resolve it, almost like she's not there. I think that's my biggest challenge, other than lack of time. On the unit I find the staff extremely supportive to me. They are very supportive and very encouraging"* (Participant 7, personal interview, February 2013).
- *"As a social worker you want to always help as many people as you can, and sometimes in this position you aren't able to help every single person you want to get to. So it's a challenge to be efficient with your time, so you can get to as many patients as possible and assist them with their needs. It's a challenge fitting everyone in and getting out on time or as close to it, and having breaks. As a medical social worker, one of my biggest challenges is learning the medical part of the job because the more you understand the more you are able to understand what help you can offer to a patient. We are not particularly trained specifically for that in school to understand medical process and disease process and the needs that go along with it sometimes, so it makes the assessment even more important. Another challenge at this hospital is we have a wide range and diverse population; we see so many differences in how people look at things and handle things. You have to learn how to be flexible and willing to approach similar issues in a different way. Hopefully in the process teach our selves and the patients, and our co-workers a new way approaching to help people"* (Participant 8, personal interview, February 2013).
- *"There is a lot of turnover, so every day feels like you're never caught up. You always feel a little bit behind. The challenge is every day you look at the list and have a plan in the morning, but then procedures happen. You get called for an emergency, and that becomes your priority not what you're doing. If would be great to have one more person to cover weekends, because often on*

Fridays you feel like you're leaving things undone. Monday you come in, and you feel already that you're trying to catch up on all the stuff from the weekend" (Participant 9, personal interview, March 2013).

- *"My biggest challenge is when people give up on themselves; socially there is not much to do. People in their thirties and forties who are homeless and give up on social acceptance and interaction. I feel frustrated when there is no help we can offer to them. The biggest issue is their mental attitude and motivation we are not able to offer in a short term setting. We don't have enough resources for homeless, even people without insurance"* (Participant 10, personal interview, March 2013).
- *"There is not enough time. There is a lot of documentation that has to be done, and getting from patient to patient. There is not enough time to get to everybody that needs to be seen"* (Participant 11, personal interview, February 2013).
- *"Time constraints, lack of education on the staff's part about what this department entails. What they should be used for and what they don't need to be used for"* (Participant 12, personal interview, February 2013).
- *"It a challenge to see as many patients as you can in a day. Coordinating and working with others maybe. Getting everyone in sync with what you're doing. There is a little lack of communication with the other teams. Someone will have a request, and you carry out you're end, and now they carry out their end. There is a lot of facilitating. I think they come to social workers to keep things together. I feel sometimes we're the center. I think the challenge for the social workers is the pay. There are many others jobs out there that pay more. For me it was a choice to make a change, and accepted the reduction in income"* (Participant 13, personal interview, February 2013).
- *"Not necessary, because those are things I can't control, but refocusing myself; I can only do so much with what I have, and I still can do a good job. Having respect for what you do and really enjoying what you do. If you are here just for the job, it's not going to work. I do enjoy what I do. We like to whine and complain, but I really do like what I do and that's why I'm still here. When I pull off something challenging, the satisfaction keeps you going. Maybe I have been dealing with 5 days of horrible issues, and then today everything came together, the family is happy, the patient is happy and out the door with what they need and has a good foundation for what they are going to do on the outside; I'm like wow, I'm not doing these menial tasks for nothing and that makes you feel good"* (Participant 1, personal interview, February 2013).
- *"I think having a positive attitude helps a lot, especially in a situation where you can't change anything. If I come in today and say where am I working today, that I can't help. I have a job, I have to just go in there and make a plan*

of what to do. If I sit here and complain and fret, all I'm going to do is stress myself out. I'm not going to do a good job, and leave at the end of the day feeling miserable. If I can change something, I will work towards that, and if I can't I have to work with what I have. I try to be positive, I'm not perfect, but that's what I try to do" (Participant 2, personal interview, February 2013).

- *"In a roundabout way, I think if I'm relaxed and at peace when I come to work, I would have a less sense of urgency. If I was calm it would change my mind set"* (Participant 4, personal interview, February 2013).
- *"No, I think I do what I can [in reference to having challenges alleviated by use of more self-care]. I think a pedicure or a manicure. Incense, candles or dim lights, I do everything that can distress me. They suck the life out of you. I feel like a used sponge at the end of the day. Sometimes when I get home I throw the dogs out, sometimes I'm not in the mood for them"* (Participant 5, personal interview, February 2013).
- *"No, it's not really related to self-care. I continue to have as positive of an attitude as I can. Everybody works well together as a team, but we have no money"* (Participant 6, personal interview, February 2013).
- *"No that would only stress me out more, because it would take time away. I do try to be positive, if I went around with a negative mind set, it would be very difficult"* (Participant 7, personal interview, February 2013).
- *"Yes, learning how to be more efficient is going to help you take the necessary breaks that people need in life. We can't go through life just in one mode. We have to slow down, take breaks, and have a personal life. We need to get out on time. I tell the patients we can't help you unless you're willing to help yourself. This also applies to us; we have to take care of ourselves. We have to use the knowledge we give to our patients and use that towards the self also"* (Participant 8, personal interview, February 2013).
- *"Well you know it's in the hand of the patient and the hands of the system on how to control"* (Participant 10, personal interview, March 2013).
- *"I don't think self-care would help with that"*(Participant 11, personal interview, February 2013).
- *"No. This has nothing to do with your personal life"* (Participant 12, personal interview, February 2013).
- *"I think talking it out with others. I think that's increased, and just recognizing it's a choice you make. No one is tying you to a place; it's a choice you stay. Accepting and realizing that whatever the good you can pull out of it"* (Participant 13, personal interview, February 2013).
- *"Probably, I think over the years as far as the staffing issues I've developed some self-care strategies. Unfortunately I don't know if it's to the benefit to*

my patients" (Participant 9, personal interview, March 2013).

- *"Being a medical social worker, the environment here is great, it's helping others. At the end of the day if I help one patient, and feel like they got the resources they needed, or made his or her life a bit better, or comforted a family member with a dying patient, or with a terminal illness, it makes your life worthwhile that you've come and made a difference in somebody's life or you made it a little bit better than how it started out that day"* (Participant 2, personal interview, February 2013).
- *"For me it's the fact that I believe I'm serving God, and serving people. I do love people and I grew up in family that lacked knowledge. They just didn't know what was out there; they were basically puppets and toys to society. The whole cliché about knowledge is power, it is. The more you know the better off you are and your decision making capabilities are. Somebody being taken advantage of or somebody being treated unjust, or somebody being belittled because they are an MD or a different ethnicity, burns me. It is the one thing that I struggle with controlling my emotions with. Social work is probably the most important aspect is the advocacy"* (Participant 3, personal interview, February 2013).
- *"It ebbs and flows, I'll go through six or seven months, when I think this is the greatest job in the world, and then I'll go through a slump, which, I'm in right now. When I'm in the hospital seeing patients, I think it's going to be great, getting them referrals and resources. But when I see patients in their homes, they're just not motivated; they don't know where their medications are. They don't care; their plan is to come back into the ER. The goals I have for this patient is not going to happen. I've had a whole slew of those. I drive home from these, and wonder why I got out of bed today, what difference did I make? Its good practice on these difficult patients to get better at doing that type of thing with the next one"* (Participant 4, personal interview, February 2013).
- *"I want to retire early and travel the world. If I didn't travel I'd be homicidal. You have to live your life now, not when you're sixty"* (Participant 5, personal interview, February 2013).
- *"My love for the job, and what I do. Feeling like I'm making a difference"* (Participant 7, personal interview, February 2013).
- *"Being able to help people. I love being a social worker. I like what I do; I think this is what I'm supposed to be doing. Hopefully people can find what they're supposed to do in their life and what there talented in and pursue it because then it doesn't feel like a burden to do. I've been involved in the field for close to thirty years as a MSW almost fifteen years. I'm not tired of it, I'm not dreading coming to work. I try to motivate myself on a daily basis. I try to remind myself every day that I'm going to be better than I was yesterday"*

(Participant 8, personal interview, February 2013).

- *"Ultimately it feels good to provide a service to somebody, that they wouldn't have otherwise had. Even in a tragic situation of a mother dying of cancer at age thirty, leaving kids behind or a seven year old killed after being hit by a car, and interacting with the family even if it's difficult, there are intrinsic rewards in being able to be there for somebody in that time and for them to appreciate that or acknowledge it"* (Participant 9, personal interview, March 2013).
- *"There are two areas. The first one is my family and second the personal satisfaction to know that I am doing something can change a person's life"* (Participant 10, personal interview, March 2013).
- *"I like what I do. I like helping people. I like feeling that I've done something to make their life a little bit different, and they are better to cope better"* (Participant 11, personal interview, February 2013).
- *"The ability to help people. That's what really motivates me and keeps me going. When you connect with somebody as a clinical therapist, and their able to get a moments peace. In the chaotic life for them in that moment or they get it. They learn a new skill that can help them. That's where I get the most benefit from my job"* (Participant 12, personal interview, February 2013).
- *"I enjoy the helping professions. I'm sure I'm drawn to that, and some days I wonder why. That keeps me going, just the little bit that are successes I have. I feel like I've helped someone. I work with a lot of cancer patients, and I enjoy that. I came from hospice and home health care. I just enjoy the counseling aspect of it"* (Participant 13, personal interview, February 2013).
- *"Not really, they just forget us sometimes. In March during Social Work month, when they are reminded they say 'oh yes we value you.' But just with the restructuring I don't feel it. In the past I felt it more. It's been a change, we had a higher respect and valued us more in the past than they do now. The thought process in admin, I'm not really sure. Some people moved into different positions, and I saw the change there. They didn't include us. They asked us 'oh we want your input on how to do this' and then they never came to us. They said they wanted our input, because they weren't sure how they were going to do this. But they never came to us and said 'we would like your ideas now' and then they said 'oh you didn't come to us with your ideas' and I said 'when did you want them?'"* (Participant 1, personal interview, February 2013).
- *"I think so, I believed we're needed and we're wanted. I don't think they understand because there is half of us here now. That in its self makes you feel were not appreciated or we're not needed. I think medical social workers are important in the hospital setting. They can do more than people realize.*

Unfortunately just by the shear situation that we're in now, it gives you the impression that administration does not appreciate or does not realize what we need. Some supervisors, especially the case management supervisor, it seems like it's all about numbers, it's all about discharges fees, but there's more to it. Right, they come from a nursing, case management, and admin background. I think it's important if you have medical social workers, they should have a medical social worker supervisor that understands that. For us to be supervised by a nurse, case manager I think is inappropriate" (Participant 2, personal interview, February 2013).

- *"No. I don't think until you sit day in and day out with someone to know what it is that they deal with, you won't have a good idea. In this hospital because of the fact that so much emphasis and probably still is on discharge planning rather than the clinical aspect of things. I think it's impossible for anyone to truly know. Especially here, because the emphasis has been so heavy on discharge planning, that we've lost the true nature of what social work is and that chance to show people. I think at least in Peds, PICU, and NICU I have a little more time and the nurses and physicians see what it is I do; they see the advocacy and the humanness I bring to it for the families because I have been working there for years; they see the counseling, they see the empathy. I think my unit appreciates me, but the hospital itself I don't think so, overall I don't think so"* (Participant 3, personal interview, February 2013).
- *"No, not at all [to feeling appreciated by the organization]. That's why you have your co-workers, and you do stuff for you"* (Participant 5, personal interview, February 2013).
- *"Segments of it. They always know who to call, so they wouldn't really keep calling if I weren't needed. With that you can say there is power, because different departments know who to call, when to call"* (Participant 6, personal interview, February 2013).
- *"Yes, I feel very supported sadly by everyone, but our own department. I even have relationship with people in administration that are very supportive. That's what's encouraging"* (Participant 7, personal interview, February 2013).
- *"I don't know if the hospital quite understands social work. This is dominantly a medical environment and we are medical social workers, so we are involved in it but our education is not medically focused like most of the others employees. I don't know if they understand exactly what our purpose is and how we fit into the picture sometimes. You can't get overly concerned about being appreciated because you should be satisfied with yourself and your own performance. If you're doing what you are supposed to do, they will eventually see the value. If you go out and help people in a genuine and caring way, people will notice that, and say 'wow, that social worker is really doing*

something' and that makes you feel good, but sometimes people get caught up in that too much and usually in a negative way" (Participant 8, personal interview, February 2013).

- *Do I feel appreciated by the organization? Not 100% of the time, no. Not even 80% of the time. I don't feel they appreciate us"* (Participant 11, personal interview, February 2013).
- *"Somewhat yes. Not as much as I would like to. I think they appreciate what our team does. Individually I think they do appreciate us, because there are people here that know me by name. They know me by name because they appreciate what we do. There are people in the emergency room that I know that could do something themselves, but they will call"* (Participant 12, personal interview, February 2013).
- *"I have no idea. I have no idea what they feel. I'm a little disappointed with things that have gone on around here. I used to feel secure, and now I just question with the new people in charge in leading the troops. I don't know how much they recognize or understand the benefits of social workers in a county setting"* (Participant 13, personal interview, February 2013).
- *"The challenge, and then accomplishing that goal. To have the patients and family are taken from a crisis, and then not so much of a crisis, and they're happy and back on an even keel, and they are ready for whatever the next step is with whatever they are dealing with. They come in and they are so overwhelmed, and then I can get them back on track"* (Participant 1, personal interview, February 2013).
- *"Having good comradery, knowing you can come to work and have good relationships with people and that you're supporting each other. Sometimes it is challenging when people stress out, everybody reacts in different ways, and sometimes it's towards each other, without realizing we're all in this together and need to be supportive of each other. I do appreciate the support I get from those that have their head on straight. I think [about how there is less comradery now] obviously people leaving, and people forming clicks. Not everybody is supportive of each other; they are just comfortable where they were or where they are. In this unit, they were never able to come down with us, but I'm working on my co-worker to try to get her to be more involved. The people that were here that were more open minded, and fun loving, and more supportive of each other are all gone. There is only a few left, and those few have their little groups together and don't make an effort to be with everybody else. Not that they exclude people, but before I remember getting a call from someone who says 'hey we're going to lunch, you ready to go?' Now you're lucky if you run into somebody"* (Participant 2, personal interview, February 2013).
- *"Advocating for families, providing the knowledge that would otherwise they*

wouldn't have, they wouldn't receive. When a family comes back and says to you 'you did this for me and I appreciate you going the extra mile.' Overall it's serving other people. It is rewarding to see them become empowered. It is rewarding to work with people when it is a life or death situation and they give it their all. You have to like to serve people in order to do this, but its good to know you have done everything you can to alleviate someone's anxiety, to walk them through difficult situation. You may not be able to change that difficult situation, but if you have been on the side of that coin with a sick family member, CPS knocking on your door, your kid about to lose their finger, and someone comes in and treats you with that kindness and humanness, or an idiot doctor who comes in and says 'oh you might have cancer,' that is rewarding" (Participant 3, personal interview, February 2013).

- *"It's really rewarding when I have someone who completed my program, and they haven't been back, and that's super rewarding. Being valued at the Office on Aging, and them asking my opinion about how to do things. The feedback and being included in decisions because I've been on the other side of it where admin doesn't listen and that's not rewarding. Every now and then you'll have a patient that really surprises you. You go to see them, and they tell you their life situation, their history so far, and you see continue poor health, failure, and bad decisions and then they will totally turn things around. They are successful, they decide to quit smoking or lose weight when they go home, so that's rewarding"* (Participant 4, personal interview, February 2013).
- *"When the family will call me back, and tell me how everything went. You always have that 'ah ha' moment. I always say as clinician, and you learn something else about the patient, other than their room number, that when you're doing something"* (Participant 6, personal interview, February 2013).
- *"I'm able to make a difference in people's lives. I think that's my biggest, making a difference in their life. Being able to make a difference in our hospital. I do education with a lot of the staff, and training. A lot of staff comes to me personally, and I know I make a difference in their lives. Overall just being there for others and make a difference. To know I'm going to work each day for a purpose"* (Participant 7, personal interview, February 2013).
- *"The feeling that you came to a person who needed assistance in something, and you met there needs to their satisfaction. As long as they feel they got what they needed to help them in whatever they are pursuing and what their needs are. What I find satisfying is meeting all these different people, patients and professionals, and learning new things. You can learn from your patients, and help the next one better. Building that team in whatever section you're in is satisfying and building relationships to help people. In general the feeling of helping people, that's what we are for, to help people. The more we say that, the more people will be in that mode of thought; I try to build that environment so people will look at things from the same general perspective"*

(Participant 8, personal interview, February 2013).

- *"Knowing I made a difference. Making and forming relationships with people. We have a good mix of kids that come, and get discharged the next day. I get a lot of satisfaction out of when a family says 'we didn't even feel like we were in a hospital' or 'you guys made it so much easier, and we felt comfortable here.' Also the people I get to work with, the staff in the pediatrics unit are amazing. They are really good people, they treat the kids as if they were their own"* (Participant 9, personal interview, March 2013).
- *"I'm using my time wisely. I feel more effective doing medical social work in a hospital than doing therapy. Sometimes I will listen to a patient for an hour and it will not make a change in the short term, but probably in the long term. Here it is more effective and I can make a difference here and now. In hospice I can help people close a chapter in their life. It's giving hope to people gives me a good feeling"* (Participant 10, personal interview, March 2013).
- *"I really find practically everything about patient's interaction very rewarding. Helping them find some source of resolution. To help them identify their resources they had not thought about when there in crisis. To seek solutions and resources they have available. That's where I find my joy. They don't even think that they have the ability to resolve their own problems. I sit with them and ask who's in your family. What resources do you have? What have you tried? How can you help yourself? There is a lot I can't do, I can't come to their house and help them find those resources"* (Participant 11, personal interview, February 2013).
- *"I guess getting paid for it doesn't hurt. I think the camaraderie of the team I work with. The medical social workers and the psych team. The first that came to mind was the psych team, because I work with them the most. The medical social workers are always there for you. They live what they practice. I know every single one of them. They are out in the community, not just in the hospital. Social work is different. Something's you can leave when you go home, but social work is always with you. Even when you're out at the store you're social working"* (Participant 12, personal interview, February 2013).
- *"There's more things I could do for myself, and they think at times if you we did have a little more pats on the back and appreciation on a regular basis. Some of our meetings are 'let's focus on the nasty things' instead of 'good job.' If the higher ups could kind of turn it around, and remember give some praise and you'll get better work"* (Participant 1, personal interview, February 2013).
- *"I don't think there is more I can do. If they would let me hang a punching bag, that would be ideal. It would be therapeutic for the staff to have a workout place"* (Participant 5, personal interview, February 2013).

- *"Probably, I would like to have more self-care strategies. I'd like be able to take the time for that, but at this point in time I feel guilty just thinking about it. Even lunch is at my computer"* (Participant 7, personal interview, February 2013).
- *"Yes, just venting. Going outside and just trying to do deep breathing or taking a walk to release stress. Coming into an office and closing the door and just expressing your feelings because we are people that have emotions, and letting those feelings come out and talked about. To me having a sense of humor about things so you don't walk around with a heavy feeling all day. We have to find ways whether is venting, joking, taking breaks, being out on time"* (Participant 8, personal interview, February 2013).
- *"I think maybe more tools to help people because for me it would be easier to do my job. We need someone who is researching more resources for people. Build up that support system for the patient in the psychosocial aspect. We're supposed to bring all this information but sometimes we don't have all this information"* (Participant 10, personal interview, March 2013).
- *"Yes, if I take care of myself I'm going to be more productive. If I get enough sleep, I eat right, and get exercise it's definitely going to improve the quality of my work"* (Participant 11, personal interview, February 2013).
- *"At times, I think that varies, at times I think I could do a better job taking care of myself"* (Participant 12, personal interview, February 2013).
- *"I'm good at what I do, so I think that takes out a lot of frustration. I am very comfortable. What will stress somebody else out; I'm able to go through it a lot easier. I've never been a high freak out kind of person. I'm calm, I try to think about things before I explode; I have my little temper tantrums in my office. I'm mindful, I pay attention to my surroundings and I know when and where to vent"* (Participant 1, personal interview, February 2013).
- *"I go back to having a positive attitude. Not being small minded and just running with it. I don't let it stress me out. One has enough stressors in life; to me it's more important when it comes to family or finances, or things like that. I don't need to have stress at work, I come do my job and leave. When you find someone that brings you stress, whether that person is negative or always complaining, you tend to isolate from that person. That's where the isolation came to be, people wanting to stay away from the people being negative"* (Participant 2, personal interview, February 2013).
- *"My faith, my motivation to serve God and serve people. The idea that I can make a difference, because I do feel I make a difference. My big mouth and my feistiness, or my fearlessness to stand up. I'm shy for something's, but I have never thought that anybody is better than anyone else. I have no qualms about making my thoughts known and standing up for them; I don't care who you*

are or what initials precede your name. To see myself deal with my biases, I have them but I think I do my best to be self-aware" (Participant 3, personal interview, February 2013).

- *"I'm pretty organized. I have good time management skills, so I can stay on top of what needs to happen. I tend to give people the benefit of the doubt, if they are having a bad day, I try to smile and be friendly to everybody. I'm not freaked out about people dying or blood and guts, which helps if you work in a hospital"* (Participant 4, personal interview, February 2013).
- *"I think I get along with everybody. I think that's the main thing. Knowing how to ask for things nicely. I'm able to overcome obstacles, knowing who to go to"* (Participant 5, personal interview, February 2013).
- *"My communication skills, my self-confidence, because otherwise people wouldn't trust me with a lot of the legal issues that come up. If they knew that I don't just jump, in the sense I make sure that I get all the information I have available to me before I respond. I'm very careful about how I document, because I know legal cases will come up years down the line. When I tell people it takes too much effort to lie, you are better off documenting what you did securing your documentation"* (Participant 6, personal interview, February 2013).
- *"I think me biggest strength is my relationship to the Lord, and my ability to give him my stress"* (Participant 7, personal interview, February 2013).
- *"Having a positive mind set and focus. We all sometimes have bad days and bad moments, but in the end if we can refocus ourselves. The more supportive we are as a team player, the more our team will support us. It builds that whole general environment of working as a team to help because in the end its going to help the patients. Not only does it help us, but ultimately helps the patient"* (Participant 8, personal interview, February 2013).
- *"I would probably say sense of humor. I use humor a lot with my patients. A positive approach, not that I try to minimize things, I just try to normalize whether it is something emotional they're going through or something physical they're going through. A lot of people describe me as very positive, but I don't feel positive. I'm kind of a half glass empty person, but with patients and when I'm at work I'm not. I'm always trying to make patients smile or laugh"* (Participant 9, personal interview, March 2013).
- *"Experience, I worked as a church minister, child protective services, and the correctional system working with prisoners. I think my experience when I see a patient, they can come from any background, it doesn't matter where they've come from. They can come from any background I will be nonjudgmental. I can make decisions for them. I'm a resource for them. I'm an avenue for them to vent and an avenue for information and resources to find solutions"*

(Participant 10, personal interview, March 2013).

- *"I think one of my biggest strengths is leaving my work at work. I don't think about it and I don't stress on it. I handle crisis situations very well. I still think about the anxiety that somebody might have or the trauma they may have experienced. That is not a pretty site sometimes, or the dead babies, and things I see. I handle crisis so well I don't dwell on it when I'm dealing with it. I deal with the crisis, and I help the person involved then I move on. When I get home I fall apart, and I feel sad or emotional about what I saw, but because my rule is to leave work at work I'm able to let it go and to move on. It's very emotional when you deal with children. They drown or have near drowning or they lose their capabilities to function normally. It's very tragic"* (Participant 11, personal interview, February 2013).
- *"I have good boundaries. I think boundaries are extremely important. This is a job. I try to help people, and if I can't help them I need to leave it here. I'm not taking it home. Good boundaries are extremely important"* (Participant 12, personal interview, February 2013).
- *"My love of people, my need to try to assist and help others"* (Participant 13, personal interview, February 2013).

Table A6: Themes

Self-care strategies and thoughts

- Exercise
- Taking vacations
- Getting massages
- Viewing self-care as important
- Viewing self-care as especially important in the field of social work
- Needing self-care to be an effective social worker
- Having a balance between the professional self and personal self

Co-worker interaction

- Having good communication
- Venting about co-workers and the organization
- Learning techniques from co-workers who have more experience
- Processing emotions and thoughts about a patient case; debriefing
- Advice on how to move forward with a patient case; bouncing ideas of each other
- A source of moral support

Training

- County budget cuts have had a negative impact on training opportunities because they no longer pay employees to attend trainings, nor do they reimburse time off taken to attend trainings, and it is difficult to time requests approved
- Not of on-site training offered
- Wanting more trainings that are specific to hospital social work
- Viewing trainings as beneficial to improve practice and learn new techniques
- Thinking there is always room for learning and improving one's skills
- Viewing training opportunities reviewing and refreshing skill set
- Most common on-site trainings mentioned: Palliative Care and yearly skills training

- Supervisor does notify social workers of upcoming trainings and conferences; especially if you seek it out and show interest

Supervisor

- View the relationship with their supervisor as positive, i.e. encouraging, shares knowledge, supportive
- Less supervision time now that the previous supervisor left the organization
- No scheduled supervision time
- Finding positive feedback in alternative ways, i.e. having the supervisor defer other co-workers to a specific employee and having an employee take the lead
- Positive feedback and constructive feedback as equally important for improving practice and growing as a professional
- Wanting to receive more feedback/support from supervisor

Challenges

- Feeling negative about how the department restructuring was handled, but many seeing the benefit of the end result
- High caseload
- Lack of available resources for patients
- Not enough time to see all patients and complete needed tasks
- A patient's lack of motivation to change
- Feeling there is a lack of support for the social work department

Rewards

- Helping patients and making a difference in their life
- Offering counseling, emotional support and resources to patients
- Seeing patients become empowered
- Advocating for patients and families
- Alleviating anxiety or a crisis
- Patient's showing appreciation and thankfulness
- Connecting and forming relationships

Organization

- The organization doesn't value or understand social work
- Social workers do not feel supported or appreciated by the organization
- The department restructuring has allowed for social workers to be more clinical with patients
- The department restructuring has caused a lot of stress, which has caused tension among social work staff. They would have liked being included more in the department restructuring decision; should have approached staff differently
- Not trusting of administration
- Many social workers resigned because of the department restructuring, which increased the workload of the remaining staff

REFERENCES

Acker, G. M. (2010). The challenges in providing services to clients with mental illness: Managed care, burnout and somatic symptoms among social workers. *Community Mental Health Journal, 46*(6), 591-600.

Berkman, L. F., (2000). Social support, social networks, social cohesion, and health. *Social Work in Health Care, 31*(2), 3-14.

Bui, J., Hodge, A., Shackelford, A., & Acsell, J. (2011). Factors contributing to burnout among perfusionists in the United States. *Perfusion, 26*(6), 461-466.

Cohen, M., & Gagin, R. (2005). Can skill-development training alleviate burnout in hospital social workers? *Social Work in Healthcare, 40*(4), 83-97.

Harris, E. G., & Artis, A. B. (2005). Exploring patient, co-worker, and management burnout in health care: An empirical study. *Health Marketing Quarterly, 22*(3), 3-20.

Herrman, H., et al. (2011). What is resilience? *The Canadian Journal of Psychiatry, 56*(5), 258-265.

Judd, R. G., & Sheffield, S. (2010). Hospital social work: Contemporary roles and professional activities. *Social Work in Health Care, 49*(9), 856-871.

Kadushin, G., & Kulys, R. (1995). Job satisfaction among social work discharge planners. *Health & Social Work, 20*(3), 174.

Kim, H., & Lee, S. Y. (2009). Supervisory communication, burnout, and turnover intention among social workers in health care settings. *Social Work in Health Care, 48*(1), 364-385.

Kim, H., Ji, J., & Kao, D. (2011). Burnout and physical health among social workers: A three-year longitudinal study. *Social Work, 56*(3), 258-268.

Maslach, C. (2003). Job burnout: New directions in research and intervention. *Current Directions In Psychological Science (Wiley-Blackwell), 12*(5), 189.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review Of Psychology, 52*(1), 397.

Moore, S. E., Bledsoe, L. K., Perry, A. R., & Robinson, M. A. (2011). Social work students and self-care: A model assignment for teaching. *Journal Of Social Work Education, 47*(3), 545-553.

Morris, T. (in press). *Practice informed research methods for social workers*. Boston: Pearson.

Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practice In Mental Health, 6*(2), 57-68.

Oliver, E. J., Marklan, D., & Hardy, J. (2010). Interpretation of self-talk and post-lecture affective states of higher education students: A self-determination theory perspective. *British Journal Of Educational Psychology, 80*(2), 307-323.

Parsons, R. (2002). Guidelines for empowerment based practice (Chapter 72). In R. Roberts & G. Greene, *Social worker's desk reference*. New York, NY: Oxford University Press.

Peng, J., & Chiu, S. (2010). An integrative model linking feedback environment and organizational citizenship behavior. *Journal of Social Psychology, 150*(6), 582-607.

Pines, E. W., Rauschhuber, M. L., Norgan, G. H., Cook, J. D., Canchola, L., Richardson, C., & Jones, M. E. (2011). Stress resiliency, psychological empowerment and conflict management styles among baccalaureate nursing students. *Journal of Advanced Nursing, 68*(7), 1482-1493.

Riverside County Regional Medical Center. (2012). *Patient and family services*. Retrieved from http://rcrmc.org/home/index.php?option=com_content&view=article&id=41&Itemid=33

Saleebey, D. D. (1996). The strengths perspective in social work practice: extensions and cautions. *Social Work, 41*(3), 296-305.

Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of organizational Behavior 25*, 293-315.

Schwartz, R. H., Tiamiyu, M. F., & Dwyer, D. J. (2007). Social worker hope and perceived burnout. *Administration in Social Work, 31*(4), 103-119.

Shafritz, J. M., Ott, J. S., & Jang, Y. S. (2011). *Organizational change in the human services*. Boston: Wadsworth.

Shier, M. L., & Graham, J. R. (2010). Work related factors that impact social work practitioners' subjective well-being: Well-being in the workplace. *Journal of Social Work, 11*(4), 402-421.

Shier, M. L., & Graham, J. R. (2011). Mindfulness, subjective well-being, and social work: Insight into their interconnection from social work practitioners. *Social Work Education 30*(1), 29-44.

Skovholt, T. M., & Trotter-Mathison, M. (2011). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. New York, NY: Routledge.

Sulman, J., Savage, D., Vrooman, P., & McGillivray, M. (2005). Social group work. *Social Work in Health Care, 39*(3-4), 287-307.

Wicks, R. J. (2008). *The resilient clinician*. New York, NY: Oxford University Press.

Williams, I. D., Richardson, T. A., Moore, D. D., Gambrel, L. E., & Keeling, M. L. (2010). Perspectives on self-care. *Journal of Creativity in Mental Health, 5*(3), 321-338.