

## **Self-Care among Social Work Educators**

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### **Abstract**

Self-care is a widely known and discussed topic among social work professionals and students. However, despite the high esteem for self-care and its benefits within the social work profession, there is little information to be found regarding self-care teachings and self-care practices among social work educators (Bloomquist, Wood, Friedmeyer-Trainor, & Kim, 2015). The question then becomes whether social work educators are practicing self-care themselves, whether they teach self-care to their students, and whether there is any association between the two. This study will explore the literature and previous research on self-care practices among social work students, field educators, and practitioners. The current study will then be discussed pertaining to social work educators' own self-care practices and their self-care teachings to social work students. The methods and findings will be presented, and a discussion will conclude the study to include key themes, strengths, weaknesses, and recommendations for future research.

### **Literature Review**

Self-care is imperative for social worker professional performance, overall well-being, and reducing the risk of compassion fatigue and burnout rates. Siegel (2007) mentions that limitations in care provided to others can arise if the self is not cared for. Monk (2011) defines self-care as how a person tends to their overall well-being. Social workers as individuals and the organizations that employ and educate them are to engage purposefully in "behaviors that contribute to reduced stress" for self-care to be evident (Bloomquist et al., p. 294). Essentially, self-care involves caring for oneself, avoiding compassion fatigue and burnout, and remaining aware and mindful of oneself "without internal or external filters" (Napoli, 2010, p. 636).

Burnout and compassion fatigue tend to be used interchangeably in the literature reviewed, as burnout is a component of compassion fatigue (Bloomquist et al., 2015). Social workers are at an increased risk for compassion fatigue, as Decker, Brown, Ong, and Stiney-Ziskind (2015, p. 30) describe the use of empathy as a "necessary part of the work that is done" while it simultaneously fuels a higher risk for compassion fatigue. Thus, self-care becomes crucial because social workers that exhibit more empathy are at greater risks of compassion fatigue and burnout. Gough (2007) describes the symptoms of compassion fatigue to include exhaustion, withdrawal, and high stress.

The Council on Social Work Education (CSWE, 2016) reported that most instructors in social work programs at institutions of higher education held MSW degrees, at 89.1% of full-time faculty and 87.1% of part-time faculty. More than two-thirds of faculty also held doctoral degrees in social work or related fields (CSWE, 2016). The CSWE also reported that 53.8% of full-time faculty maintained a current licensure in social work while teaching (CSWE, 2016). These statistics represent the number of social workers who are teaching and impacting social work students. Prevalence of social workers who practice self-care was also of interest; however, no such data could be obtained.

### ***The Role of Self-Care in Social Work Education***

**"Walking the walk."** The literature underlined that while social workers tend to tell others that they should practice self-care, many do not implement it adequately in their own lives. In a survey of 786 MSW practitioners, Bloomquist, Wood, Friedmeyer-Trainor, and Kim (2015) found that social workers valued self-care in combating stress, though social workers are not always taught to effectively practice self-care through their education or employers.

This indicates that employers and educators are not “walking the walk” when it comes to self-care practice. However, this study was not representative of the general population, as 85% were Caucasian and from a self-selected sample (Bloomquist et al., 2015).

“Walking the walk” is also important because those close to social work professionals notice whether they are practicing self-care habits and the effects that these habits have on them. Graham, Shier, Newberry, and Esina (2014, p. 13-14) conducted interviews with social workers’ spouses and colleagues concerning the social worker that they were close to and the impact of that social worker’s professional/work life on their overall subjective wellbeing. While social work colleague and spouse contributions were limited, this study showed that they do notice social workers’ self-care practices and the impacts they have on social work subjective wellbeing as well as professional self. Self-care practices obviously influence a social worker’s wellbeing if those around them notice when they are and are not practicing self-care habits.

More emphasis must be placed on social work educators and employers “walking the walk” when it comes to self-care practices. According to Moore, Bledsoe, Perry, and Robinson (2011), there were no specific portions of social work curriculum focused on self-care. This study was conducted by analyzing journal entries of 22 social work students concerning self-care (Moore et al., 2011). These are great findings; however, the results are not generalizable due to a small convenience sample that provided self-reported data (Moore et al., 2011).

Students and practitioners deserve educators and employers that not only promote and teach effective self-care practices, but exemplify them. As Drolet and McLennan (2016) concluded through interviews with social work students, faculty liaisons, and field instructors, students need more preparation in self-care practices before entering social work practice settings. Although the information is not generalizable due to it being a purposive sample, it truly demonstrates why students need educators and employers who exemplify valuable self-care routines (Drolet&McLennan, 2016).

**Beneficial dimensions of self-care.** Students should be taught an array of self-care approaches to increase wellbeing and professional quality of life (Bloomquist et al., 2015). Self-care does not involve taking care of one aspect of one’s life; it involves the whole health of the individual (Graham et al., 2014). Drolet and McLennan (2016) describe how wellness is comprised of a balance of physical personal, professional, emotional, mental, and spiritual aspects of self. Creating a self-care plan, which is an individualized layout of how one might address each aspect of self-care in a realistic way, is important. Even more so, involving emphasis in each of the above components in one’s self-care plan is essential to true effectiveness, especially professional, emotional, and spiritual aspects of self-care (Drolet& McLennan, 2016; Bloomquist et al., 2015).

Physical self-care, found to be the facet of self-care most engaged in, involves activities such as working out, getting adequate sleep, and eating a balanced diet (Bloomquist et al., 2015). This simply means taking care of the body as one should, which can bleed into professional life. Bloomquist et al. (2015, p. 294) describe psychological self-care as “actions taken to endorse self-awareness and healthy decision-making.” Psychological self-care entails ensuring that one is mentally sound and requires one to recognize limitations and take time to oneself to decompress from stressful situations (Bloomquist et al., 2015).

Emotional self-care involves not being overly critical of oneself and finding outlets for praise and happiness. Being aware of feelings and emotions as well as how to react to them is also a part of emotional self-care. Activities typically carried out in terms of emotional self-care include spending time with loved ones, laughing, and self-praise (Bloomquist et al., 2015).

Bloomquist et al. (2015, p. 294) describe spiritual self-care as “nurturing connections and finding meaning in life.” Common activities in spiritual self-care include prayer, attending church, meditation, and mindfulness. Mindfulness includes awareness and paying attention as well as being purposeful, non-judgmental, and present. (Decker et al., 2015; Germer, Siegel, & Fulton, 2005). Mindfulness and spiritual self-care create a space for the individual to reflect on the present and be truly aware of their whole-person. This is beneficial to social workers as they come across moments where they may be unsure of how to react or proceed.

Professional self-care involves making sure that one is prepared and remains competent in their position. Participating in relevant trainings, maintaining appropriate boundaries with clients, and finding support within and outside of the workplace are common professional self-care practices (Bloomquist et al., 2015).

Focusing too much on one's profession and not taking time to be with others that promote and support happiness in one's life can be detrimental. Moore et al. (2011) describe the social self being cared for by having meaningful interactions with others. Laughing with others and taking time to spend with those closest and most important to the individual are central activities to be carried out concerning social self-care (Bloomquist et al., 2015). Personal relationships remain important across the life-span, so maintaining such relationships is a necessity (Graham et al., 2014).

### **Conclusion**

The literature reveals that self-care seems to be a well-known and frequently discussed topic among social work professionals, as most know about the benefits of self-care and how they should be practicing it. Social workers also advocate for others to practice self-care and promote its benefits to others but do not always "walk the walk" (Bloomquist et al., 2015; Graham et al., 2014; Moore et al., 2011).

The literature also suggests that self-care can significantly increase well-being and decrease compassion fatigue and burnout. Self-care increases several aspects of individual well-being which typically correlates with increased professional performance and reduced stress and compassion fatigue among social workers (Bloolmquist et al., 2015; Decker et al., 2015; Drolet et al., 2016; Graham et al., 2014). Self-care practiced in several dimensions is more beneficial as it includes all aspects of well-being (Drolet& McLennan, 2016; Bloomquist et al., 2015).

There are great strengths in the literature concerning benefits of self-care in social work as well as types of self-care and their effects on students/practitioners. Much of the literature is focused on students and their benefits from self-care education.(Bloomquist et al., 2015; Decker et al., 2015; Drolet& McLennan, 2016;Moore, et al., 2011). There are major gaps in the literature concerning how social work educators' own self-care practices affect how they educate on self-care. More research in this domain would be valuable to social work educators, students, and the social work profession equally.

The methods used in much of the literature seem to have produced quality measurable results with reasonable limitations. Many of the studies took convenience or purposive samples because they were targeting a certain population within social work (Bloomquist et al., 2015; Decker et al., 2015; Drolet et al., 2016; Graham et al., 2014; Moore et al., 2011; Napoli &Bonifas, 2011). While these results are certainly not generalizable, they represent the same populations this study concerns. This study is interested in social work educators as well as students and their desires surrounding their self-care education, which seems to be represented more comprehensively in the current literature. The literature will also inform and set a framework for research of beneficial aspects of self-care practiced among social work educators, whether social work educators "walk the walk," and how these educators teach self-care to their students. The literature on aspects of self-care will be used to help guide questions in the research of this study concerning different self-care aspects. Findings from this study will add to, if not create, the base for literature involving both social work educators and students in a self-care concept aiming to benefit both parties.

### **Methods**

In this study, a post-test only survey was created to assess self-care habits as well as frequency of and approaches to teaching self-care in social work classrooms among social work educators in the University of Nebraska at Omaha's Grace Abbott School of Social Work (GASSW). "Social work educators," "educators," and "respondents" will be terms used to denote the social work educators that participated in this study. There were 15 questions on the survey. The first portion of the survey assessed educator's personal self-care practices. This included six Likert scale questions as well as one open-ended question that assessed the educator's opinions concerning their feelings on encouragement and motivation of self-care practices within GASSW.

The second portion of the survey assessed teaching self-care in the classroom via one close-ended question to determine whether educators taught self-care in the classroom and two Likert scale questions assessing frequency of self-care taught in the classroom and whether educators felt their students absorbed their self-care teachings. This section also included one check-all question determining what aspects of self-care educators teach in the classroom and an open-ended question assessing examples of how educators teach self-care in the classroom. The last portion addressed the educator's personal demographics via closed ended questions asking about their total years teaching, ages, and whether they were currently in an additional paid social work position.

Nonprobability sampling was used in this design, as all the social work educators were not randomly chosen. Educators were chosen based on relevance to the topics being assessed along with convenience to the researcher. A cross-sectional design was used to gain information in one point in time from respondents. Paper surveys were placed in each educator's school mailboxes on October 25, 2017, and electronic versions of the survey were emailed to all educators who teach in GASSW also on October 25, 2017. A total of 27 GASSW educators were asked to participate in the survey. Out of the 27 total social work educators invited to participate in the survey, 19 surveys were ultimately collected ( $n=19$ ). The timeline for educators to respond to the survey consisted of two weeks and one day, spanning from October 25, 2017 to November 9, 2017. E-mail reminders were sent out to educators on November 1, 2017 and November 6, 2017.

## ***Findings***

### **Qualitative Results**

Looking at results from an open-ended question asking social work educators their opinions concerning their feelings on encouragement and motivation of self-care practices within GASSW, several themes were identified. The main themes found in this question revealed a sharp contrast in opinion in terms of GASSW support of individual self-care. Two overarching themes identified in the study were feelings of support within GASSW and lack of feelings of support within GASSW.

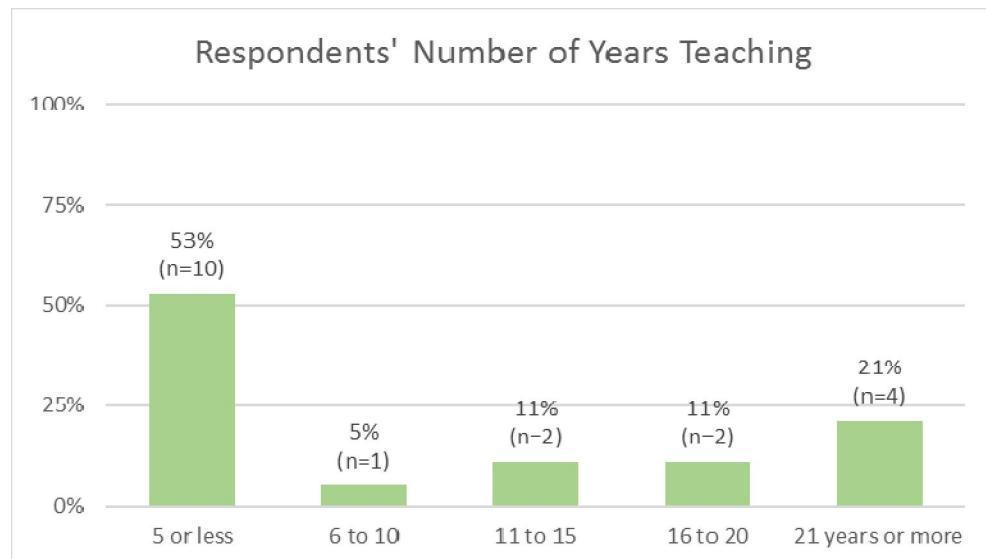
Several respondents felt that their self-care was supported within GASSW in terms of their autonomy and flexibility of time related to work. Respondents who mentioned autonomy or time flexibility mentioned aspects such as being able to take time off when needed, operating on their own schedule, and working from home. One respondent put it well by saying "we are allowed a lot of flexibility with our time which makes it easy to take care of one self."

Colleague support of self-care and support in general was another major theme identified among those who reported feeling supported. Respondents recognized that it was rather easy to find support among colleagues for self-care practice. One respondent said that they "think we do a great job of supporting and helping one another" and another said that "the Social Work Department and staff are always supportive and caring."

On the other hand, a smaller portion of respondents identified areas of growth. Some social work educators reported feelings of little to no encouragement or motivation of self-care practice within GASSW. These educators explained how there is little information or resources given or communication had about self-care. One educator also expressed that they wish there were more opportunities for informal gatherings between colleagues and students to support and motivate self-care. Respondents expressed that outside of peer-to-peer interactions and informal conversations, there is no real conversation being had about social work educator self-care. One respondent expressed that there is "a lot of talk about self-practice but no real or practical tactics given to ensure those can happen."

### **Quantitative Results**

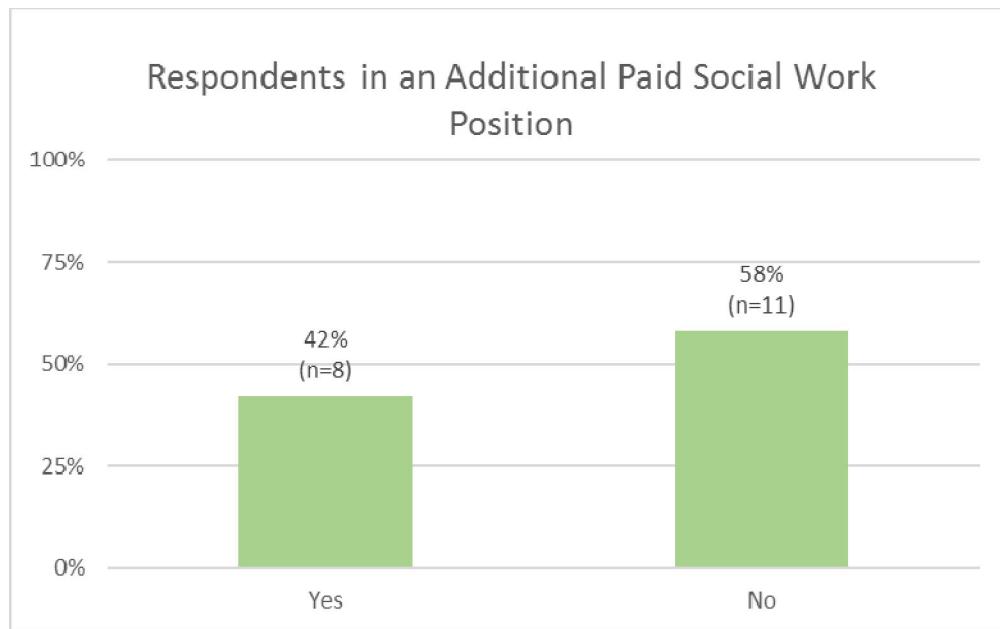
Over half of survey respondents reported having five or less years of teaching experience (53%,  $n=10$ ), with the remainder being disbursed between 6 to 10 years (5%,  $n=1$ ), 11 to 15 years (11%,  $n=2$ ), 16 to 20 years (11%,  $n=2$ ), and 21 years or more (21%,  $n=4$ ).



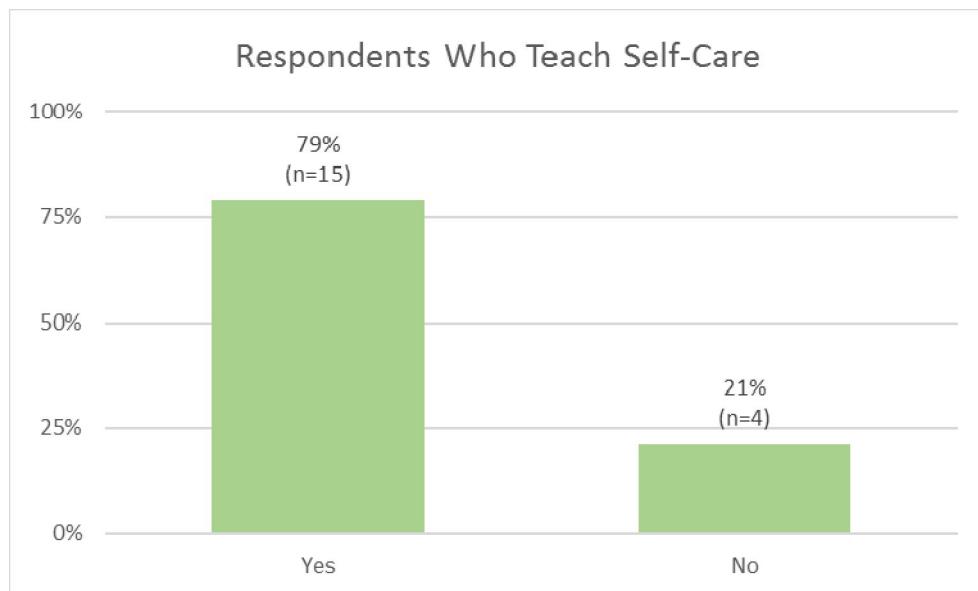
The age options for respondents ranged from 30 years or younger to 61 years or older. Respondents' actual ages ranged from 31 to 35 years to 61 years or older. The age category that generated the most responses was 31 to 35 years old (42%, n=8) and the lowest was 30 or younger (0%, n=0). The remaining respondents fell in between, with 46 to 50 years old, 51 to 55 years old, and 56 to 60 years old being on the lower end (5%, n=1), 36 to 40 years old and 41 to 45 years old being in the middle (11%, n=2), and 61 years old or older being on the higher end (21%, n=4).

Age	Frequency	Percent
30 or younger	0	0%
31 to 35	8	42%
36 to 40	2	11%
41 to 45	2	11%
46 to 50	1	5%
51 to 55	1	5%
56 to 60	1	5%
61 or older	4	21%
<b>Total</b>	<b>19</b>	<b>100%</b>

Over half of respondents reported not currently having a paid social work position alongside their employment as an educator (58%, n=11). The remaining respondents reported currently being in an additional paid social work position (42%, n=8).



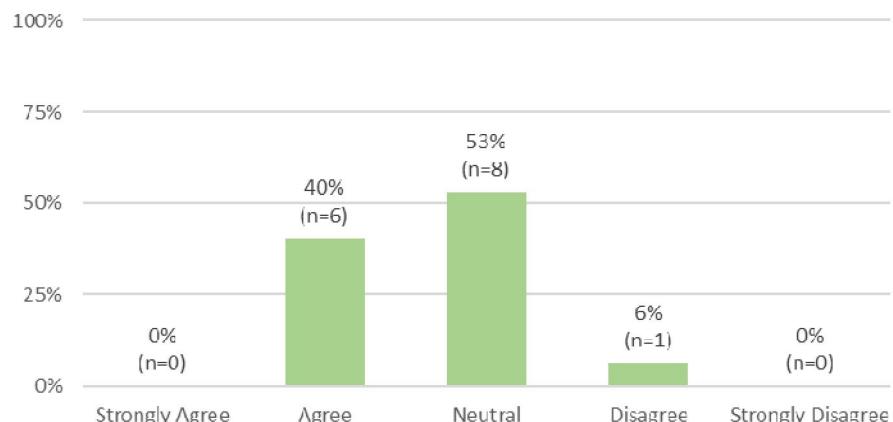
Close to 80% of respondents reported teaching self-care in the classroom (79%, n=15), while less reported not teaching self-care in the classroom (21%, n=4).



The chart below is comprised of the 15 respondents that said they teach self-care in the classroom. If social work educators responded that they taught self-care in the classroom, they typically felt that their students absorbed what they were taught (40%, n=6), or felt neutral about how well their students absorbed the self-care content (53%, n=8). Otherwise, one respondent disagreed that their students absorbed self-care teachings (6%, n=1). No respondents felt strongly on either end as to whether their students absorbed their self-care teachings (0%, n=0). Responses were then coded, with five being “strongly agree” and one being “strongly disagree.” With this coding, the mean (average) was 3.3. This average is representative of most answers being between “neutral” and “agree,” and leaning slightly more towards “agree.” The median (middle-most number), along with the mode (number that occurs the most) were both 3.0, which correlates to the “neutral” response.

**Students Absorb Self-Care Content**

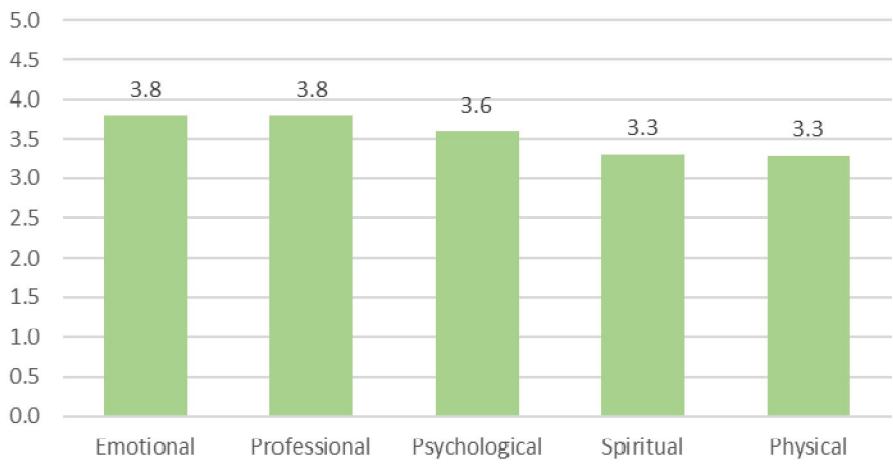
Many instructors felt that their students absorbed their teachings on self-care or did not feel either way on the subject.



The chart below summarizes a compilation of results from the five Likert scale questions assessing how effectively each respondent felt they met their own personal needs in each aspect of self-care. These responses were coded, with a score of five being “extremely effectively” and one being “not at all effectively.” Average scores were highest for emotional and professional self-care (avg. = 3.8). Average scores were lowest for physical and spiritual self-care (avg. = 3.3). Psychological self-care scored in the middle (avg. = 3.6). All score averages were between the answers of “very effectively” and “moderately effectively.”

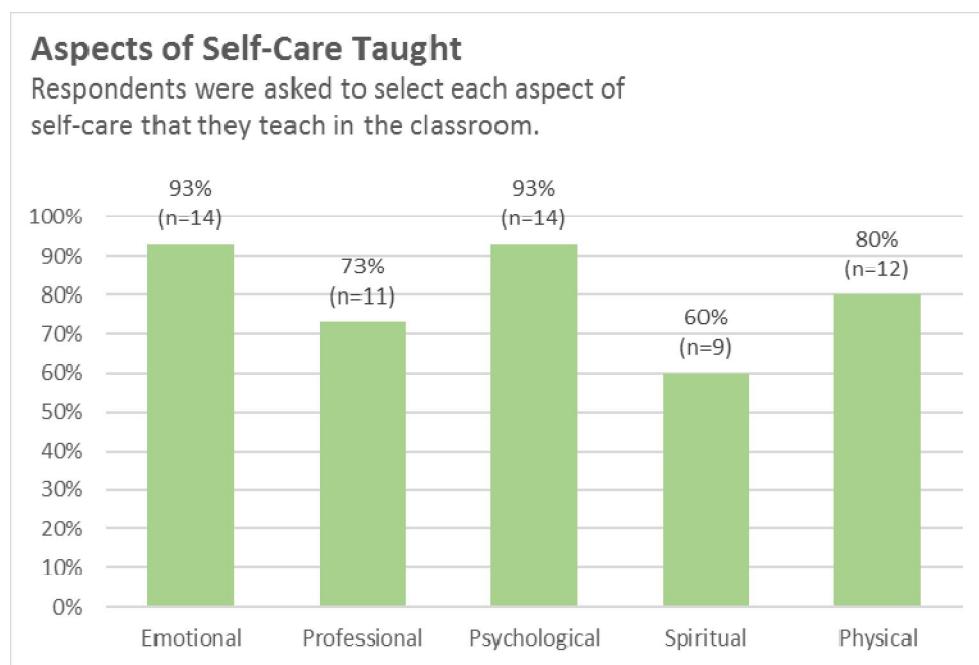
**Average Scores for Self-Care Effectiveness**

Respondents were asked to rate how effectively they perform each aspect of self-care.



The chart below summarizes results from a “check all that apply” question assessing the types of self-care that respondents teach in the classroom. Percentages were calculated with data from the 15 respondents who said that they teach self-care in the classroom.

Percentages were highest for psychological and emotional aspects (93%, n=14). Percentages were lowest for spiritual self-care (60%, n=9). In the middle were percentages for professional (73%, n=11) and physical (80%, n=12) aspects.



## Discussion

### Key Themes

This study provided interesting insights into the individual self-care practice and self-care teaching of social work educators. As far as demographics, most respondents had five or less years of teaching experience (53%, n=10), most were between the ages of 31 and 45 (n=12), and were not currently in a paid social work position, meaning their only job was to teach social work students (58%, n=11). This study also showed that most social work instructors teach self-care in the classroom (79%, n=15) yet feel neutral about their students' absorption of their self-care teachings (53%, n=8).

This study revealed that social work educators rated themselves rather high in terms of their own self-care practices. Respondents in this study felt that they did an adequate job of providing means for their own self-care, especially in terms of professional and emotional self-care.

However, these practices did not exactly line up with the aspects of self-care educators teach in the classroom. While emotional and professional aspects were the highest average scores for self-care aspects practiced by instructors (avg. = 3.8), emotional and psychological self-care were the highest scores for self-care aspects taught (93%, n=14). Physical self-care was another aspect taught at a rather high rate (80%, n=12) yet practiced the least among respondents (avg. = 3.3). Spiritual self-care was another aspect found to be practiced the least among respondents (avg. = 3.3) which lined up well with it being the aspect taught the least (60%, n=9). Professional self-care was among the highest scored among respondents who said they practiced it (avg. = 3.8), yet it was almost the lowest score among respondents who taught it (73%, n=11).

Respondents in this study reported higher rates of teaching self-care in the classroom (79%, n=15). While this high rate of teaching self-care is encouraging, there is uncertainty among respondents about whether their students are absorbing self-care teachings. Many respondents who reported teaching self-care said they agreed to the feeling that their students absorbed their self-care teachings (40%, n=6); whereas 53% (n=8) were neutral and 6% (n=1) disagreed.

Because of these two responses being disjointed when compared and social work educators not seeing their students exhibiting their self-care habits, there seems to be a need for more self-care encouragement, teaching, and/or reassurance among social work students.

In terms of social work educators' feelings towards encouragement and motivation of their own self-care within GASSW, there was a sharp contrast. The contrast in responses of support from GASSW about self-care are important to note, as there were two distinct sides to it. Many respondents felt that there was a good sense of support in GASSW in terms of individual self-care however several respondents also felt that there was little to no support or encouragement in this area. Recognizing this contrast along with its implications are imperative and beneficial to learning more about the dynamics within GASSW and other universities.

### **Strengths, Weaknesses, Recommendations**

The sample of this study is relevant because it includes social work educators currently employed by a university. This study is also valuable because it is unique in its approach, as no studies could be found in the literature review with the same focus. However, this study has notable limitations. The sample size was rather small ( $n=19$ ) and the availability of relevant participants was limited as well as there were only 27 surveys sent out. Having a larger sample size would be beneficial in learning more about the population and generating more generalizable results among social work educators. Also, this study featured a convenience sample from only one university. A suggestion for future research would be to increase the sample size and to expand survey participants to multiple institutions. Although it is already prevalent in the current literature, another suggestion would be to survey students to generate a deeper understanding of student absorption of self-care teachings and whether students felt they received enough self-care education. It is hard to determine whether the findings of this study were consistent with the review of literature, as there was little to no literature found concerning the topic of social work educators' self-care practices and whether they teach self-care in the classroom. (Bloomquist et al., 2015; Decker et al., 2015; Drolet et al., 2016; Graham et al., 2014; Moore et al., 2011; Napoli & Bonifas, 2011). Future research in this area will be beneficial, as there is little to no research already available on the topic.

### **Conclusion**

This study has helped reveal concepts among social work educators and self-care aspects that had not previously been mentioned in the literature. While social work educators seem to value their own self-care, and teaching it in their classrooms, there does not seem to be any kind of association between which self-care aspects they practice and which aspects they teach. However, social work educators who practice self-care adequately on a regular basis do seem to teach self-care as well. This is advantageous for social work students, as learning these skills and practices before entering the field will help them to remain in the field performing at their best.

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