

SELF-CARE PRACTICES AMONG STUDENTS WITHIN THE BEHAVIORAL
HEALTH AND CHILDREN AND FAMILIES SPECIALIZATIONS

A Project

Presented to the faculty of the Division of Social Work

California State University, Sacramento

Submitted in partial satisfaction of
the requirements for the degree of

MASTER OF SOCIAL WORK

by

Marisol Ortiz

SPRING
2020

© 2020

Marisol Ortiz

ALL RIGHTS RESERVED

SELF-CARE PRACTICES AMONG STUDENTS WITHIN THE BEHAVIORAL
HEALTH AND CHILDREN AND FAMILIES SPECIALIZATION

A Project

by

Marisol Ortiz

Approved by:

_____, Committee Chair
Teiahsha Bankhead, Ph.D.

Date

Student: Marisol Ortiz

I certify that this student has met the requirements for format contained in the University format manual, and this project is suitable for electronic submission to the library and credit is to be awarded for the project.

_____, Graduate Program Director
Tyler M. Arguello, Ph.D.

Date

Division of Social Work

Abstract
of
SELF-CARE PRACTICES AMONG STUDENTS WITHIN THE BEHAVIORAL
HEALTH AND CHILDREN AND FAMILIES SPECIALIZATION

by
Marisol Ortiz

The purpose of this study was to identify self-care practices among two of the specializations within the social work graduate program offered at California State University, Sacramento. The focus was on the Behavioral Health and Children and Families specializations, and the Title IV-E program sub-group. The hypothesis guiding this study is that the Children and Families specialization will report higher levels of self-care practices likely because the sub group of Title IV-E participants receives extra resources of financial and professional support. This study used convenience sampling and snowball sampling of 70 MSWII student participants within the graduate social work program at California State University, Sacramento. Both qualitative and quantitative data was collected through survey distribution to practice classes and through Survey Monkey. An ANOVA test was used to compare the groups and explore areas of statistical significance. This test revealed the presence of statistical difference of at the .05 level for the three conditions [$F(2,65)= 4.77, p=0.012$], and therefore a post hoc test using the Tukey HSD was conducted in order to find the specific specialization with significant differences in this sample. The post-hoc comparison using the Tukey HSD test indicated

that the mean score between the Behavioral Health and Title IV-E scores were significantly different.

_____, Committee Chair
Teiahsha Bankhead, Ph.D.

Date

ACKNOWLEDGEMENTS

I wish to thank all the people whose assistance was a milestone in the completion of this project.

I wish to express my sincere appreciation to my faculty advisor, Dr. Teiahsha Bankhead:

Thank you for your guidance, encouragement, for your time, dedication and immense knowledge, but most importantly thank you for not giving up on me.

To my husband:

We have traveled this road together you and I, you have remained by my side every step, every degree. As a boyfriend during undergrad you encouraged me, during graduate school as my husband you supported me. When I cried you held me, your love comforted me. This wouldn't have been possible without you and your love and support. Thank you, I love you!

Para mis padres:

Mamá, Papá, gracias por sus oraciones y bendiciones. Este a sido un camino largo y les agradezco inmensamente el apoyo que me han brindado a lo largo de mi carrera estudiantil. Los quiero mucho!

To The Resendiz/Aguilar family:

Thank you so much for the continuous love and support throughout this journey, you truly made a big impact in my life, above all, you made me believe in myself. For that I will always be grateful.

To my Lepe/Ortiz family:

Thank you for always believing in me, for your encouragement, love and support!

This is dedicated to the woman whose teachings and love unknowingly guided me to this profession. Her example of a helping hand, empathy and big heart made me who I am, and will remain the reason I continue my path in this helping profession. One of the biggest struggles during this journey was losing her, however, with the support of the people mentioned above, I was able to accomplish this step in my career.

More than just my grandma, Nina Maria will always be my inspiration.

TABLE OF CONTENTS

	Page
Acknowledgements.....	vii
List of Tables	xi
List of Figures.....	xii
1. INTRODUCTION	1
Background of the Problem	3
Statement of the Problem.....	4
Purpose of the Study.....	4
Main Research Hypothesis.....	5
Theoretical Framework.....	6
Assumptions.....	7
Justifications.....	7
Rationale.....	8
Summary.....	9
2. LITERATURE REVIEW.....	10
Introduction.....	10
Social Work Overview.....	10
Definition of Stress, Burnout and Compassion Fatigue.....	12
The Effects of Burnout.....	15
Stress and Graduate Students.....	19
Self-Care Overview.....	21
Gaps in the Literature.....	30

3. METHODOLOGY.....	31
Protection of Human Subjects.....	31
Study Population.....	31
Sampling Procedure.....	32
Data Collection.....	32
Data Instrument.....	34
Variables.....	35
Data Analysis.....	36
4. DATA ANALYSIS.....	37
Introduction.....	37
Participant Demographics.....	37
Self-Care Findings.....	40
Overall Findings.....	42
5. CONCLUSIONS AND RECOMMENDATIONS.....	48
Implications for Social Work Practice.....	51
Limitations.....	53
Recommendations.....	55
Conclusion.....	55
Appendix A. SURVEY	58
Appendix B. INFORMED CONSENT.....	59
Appendix C. E-MAIL TO PROFESSORS.....	60
References.....	61

LIST OF TABLES

Tables	Page
1. Participant MSW Specializations.....	39
2. Age of Participant.....	39
3. Participant Race/Ethnicity.....	40
4. Participant Gender.....	40
5. MSW Specializations and their Likert-Scale Ratings.....	42
6. Mean and Standard Deviation of MSW Specializations and their Likert- Identified Opinions of Personal Self-Care Practices.....	44
7. ANOVA.....	45
8. POST-HOC Test for ANOVA – Multiple Comparisons.....	46

LIST OF FIGURES

Figures	Page
1. Identified Self-Care Practices.....	4

Chapter 1

INTRODUCTION

Many individuals enter the social work profession because of their desire to help individuals in need and to contribute to the betterment of society. Social workers often work with individuals, groups, families, and communities to overcome the hardships and challenges that life brings; because of their already acquired knowledge and skills, social workers often are surprised at the huge toll that the work takes on their emotional well-being, physical health, and interpersonal functioning over the course of their careers (Cox, & Steiner, 2013).

Stress, compassion fatigue, burnout, and self-care, are topics that are simultaneously used within the field of social work. Social workers although varied by practice are likely to be secondarily exposed to traumatic events through their work with traumatized populations (Bride, 2007). Burnout is a frequent outcome of chronic stress that social workers encounter when dealing with stressful situations, it is a syndrome with dimensions of emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment (Maslach et al., 1998).

Burnout is an occupational hazard in ability to provide direct services to traumatized populations and can impact the quality of service to the client when the worker's ability to be present and attend to their clients' needs is compromised (Kulkarni, Bell & Hartman, 2013).

Social work graduate students encounter a variety of challenges and stressors throughout their graduate program. These challenges if not paid adequate attention to

may lead to unfavorable consequences that could be detrimental in one's overall well-being. Considering the consequences that stress and burnout can bring, it is important that self-care be a part of graduate students' lives in order to prevent and help deal with the current changes and challenges these students face in the beginning of their career.

Engaging in self-care practices can aid students in preventing burnout, compassion fatigue and other negative effects that may come about as a result of the experiences social workers are a part of in their line of work. A student's emotional, cognitive, physiological, and behavioral ways may be affected by a student's reaction or response to stress. This in turn can put the student's wellbeing and health in jeopardy (Misram Mckean, West, & Russo, 2000, as cited in Robotham, 2008, p. 740).

Due to the importance of self-care and the benefits of it, the researcher is interested in knowing if self-care is in fact being incorporated into the lives of social work graduate students, and whether there is a significant difference in the amount of self-care that students from the behavioral health specialization and children and families engage in.

In this chapter, the following will be discussed: background of the problem at hand, statement of the problem, the purpose of the study, the main research hypothesis, the theoretical framework guiding this study, definition of terms, and the assumptions, justifications, and limitations of this study. A brief summary of the contents will conclude this chapter.

Background of the Problem

Social work is a highly stressful occupation, with ample amounts of stress deriving from different factors in a person's personal and professional life. Having a desire to help others is a characteristic possessed by individuals who enter any helping profession. However, having a desire to help others is not enough; a social worker and any mental health professional require education and training to ensure proper delivery of services to their clients. In addition to this, it is important that these professionals also be in a healthy mental and emotional state to provide quality service.

Social workers in the field are exposed to traumatic events through their work with traumatized populations. The literature reveals that social workers who engage in direct practice are often called upon to assist survivors of childhood abuse, domestic violence, violent crimes, disasters, and also in times of war and terrorism. There is no doubt that social workers as a result of their involvement in these situations are at risk of experiencing compassion fatigue and burnout in their lifetime. Burnout and secondary traumatic stress have been implicated in high rates of turnover in social work organizations (Cox, & Steiner, 2013).

Data collected from a research study on employee responses to undesirable work situations and retention in child welfare organizations revealed that work-family conflict and role conflict significantly and positively impacted emotional exhaustion. Emotional exhaustion significantly impacted depersonalization and a statistically significant positive relationship was found between emotional exhaustion and outcomes of work withdrawal (Travis, Lizano, & Barak, 2015). Key findings point to the central role that burnout plays

in disengagement among front line social workers or social work supervisors in a child welfare setting (Travis, Lizano, & Barak, 2015).

Statement of the Problem

Social workers are considered high risk for job stress and burnout. Burnout is a serious feature of chronic stress and one that can impair the human service worker (Collings & Murray, 1996). Burnout among social workers is great, and social work graduate students are already exposed to these situations and should be engaging in self-care practices in order to prepare them for current and future situations of distress. Besides the stresses common among college students in general, students of the caring professions face additional stresses related to their clinical training (Dziegielewski, Turnage, & Roest-Marti, 2004). These additional stressors can deteriorate one's health and have serious consequences on the individual's well-being, and can also interfere with one's school work, family and other relationships.

Practicing self-care is one way to ensure and help maintain rhythm and focus. Engaging in self-care activities should be practiced over the course of one's life and career. Taking time to pay attention to our physical, emotional, and psychological wellness is essential in our busy lives and is something that should be done regularly. Although it has been shown that self-care can have a positive impact on our mental health and coping abilities, there is a lack of self-care in the curriculum for graduate students preparing to enter the field.

Purpose of the Study

The purpose of this study is to examine whether there are differences in the

frequency and type of self-care practices used by students in the of Behavioral Health, Child and families, and Tittle IV-E specialization at California State University, Sacramento. This study also attempts to explore whether these students are satisfied with the amount of self-care practices being incorporated in their present-day lives. It is of utmost importance to study how much self-care graduate social work students actually engage in as self-care can help minimize stress levels and help shield from the detrimental effects of burnout and compassion fatigue.

Main Research Hypothesis:

The researcher hypothesizes that the Children and Families specialization will engage in more self-care practices than students in the MSW Behavioral Health Specialization. The reason being is due to the structural layout of the Children and Families specialization which includes extra trainings provided to the Title IV-E subgroup within this specialization, as well as the included stipend that this subgroup receives. Due to the added resources, financial support, extra trainings, and the difference in workload of the program, it is hypothesized that students in the Children and family specialization will practice more self-care than those in the accompanying specialization due to the student's structural and supportive environment which might allow and encourage self-care practices.

This study was created from the researchers own experiences as a graduate student who identifies with the stress that is involved with being in a Master's program while managing other aspects of her life, and despite recommendations to practice self-care the reality is that there is a lack of opportunity and willingness to do so. In this study

the levels of self-care will be compared between the two specializations.

Theoretical Framework

Theoretical approaches for social work are often used to explain human behavior and serve as starting points for practice models and treatments. Self-care is a complex issue and in order to understand and explain the concept of self-care and the importance of it, we can look at the systems theory as the framework that will explain the importance of engaging in self-care practices.

Systems Theory

Systems Theory sees human behavior as the outcome of reciprocal interactions of persons operating within organized and integrated social systems (Hutchison, 2012). It is a set of assumptions or rules that can be applied to understand systemic change. This theory provides social workers with the understanding of the interrelatedness of several complex variables that can be physical, social, or psychological.

Systems theory assumes that there is an interdependency and mutual interaction between and among social systems. A person's behavior is influenced by a variety of factors that work together as a system. When one fails, all are at risk. Home environment and other factors influence how a person thinks or acts. Another assumption of this theory is that a change in any one member of the social system affects the system as a whole. The next assumption states that the life of the systems is more than just the sum of its participants, but rather the system can be studied as a network of unique interlocking relationships with structure and communication patterns (Greene, 2008).

Systems theory allows social workers to look at the client's external forces and how these impact the internal forces. By creating an Eco-map, we are able to see the support system, environment, and input/output of services. Having an Eco-map of the client that shows all of this allows social workers to look at the client's protective factors. Systems theory is used to develop a holistic view of individuals within their environment. A social worker uses systems theory to observe and analyze all of the systems that contribute to an individual's behavior and welfare, and then works to strengthen those systems. This may take the form of providing positive role models, or making referrals to services to help create a more supportive system for the individual (Hutchison, 2012).

Assumptions

This study aims to identify self-care practices among the Children and Families specialization and the Behavioral Health specialization with the assumption that all participants will report their experiences honestly and accurately.

Justifications

This study will enhance the understanding of self-care practices among MSWII students within the behavioral health specialization and the children and families' specialization. A summary of the chosen practices and reoccurrence of self-care practices being utilized by these students will be presented. The collected research can also facilitate a framework that could provide a self-care model to be integrated in social work programs, in an attempt to better prepare students with the necessary self-care skills needed to mitigate the consequences of stress and burnout in the workforce.

In order to meet the social work service focused mission, the social work profession is reliant on competent and engaged workers. This research is significant to social work practice because one of the objectives of this research is also to provide support and stability to those who are beginning to understand the concept and importance of self-care and to those who know the importance of self-care but are struggling to incorporate it into their lives; as well as those who are currently practicing self-care and would like to add to their self-care tool box. This study will work to support future students, health care professional and other social services professionals in different fields of practice. Engaging in self-care practices is beneficial to everyone and can positively impact one's own coping strategies to use when dealing with stressful situations in any place or time in our lives.

Rationale

This study has been inspired by the researcher's own personal experiences as a current social work graduate student. This research attempts to examine the role of self-care in the lives of Social Work graduate students who are concurrently fulfilling their field education and coursework. This project aims to disclose the importance of engaging in self-care practices early on in a graduate student's educational career to help prepare them for their professional career. Knowing the importance of self-care and applying it in their lives, students can protect themselves from the consequences of stress such as burnout, vicarious trauma, and compassion fatigue.

Summary

The purpose of this chapter was to introduce the topic of this study; self-care practices among students within the Behavioral Health Specialization and Children and Family Specialization. This chapter included a discussion on the background of the problem, statement of the problem, the researcher's hypothesis, the theoretical framework and assumptions guiding this study. Chapter two will review the literature surrounding the topic at hand. Chapter three will review the methodology that was used in the study, chapter four presents the findings from data collected from 70 participants. Chapter five will discuss the findings that will be provided as well as provide recommendations of future research and how this can be applied to social work practice.

Chapter 2

LITERATURE REVIEW

Introduction

This review of the literature will provide a glimpse of what is currently available and relevant to the purpose of this project and will be organized by four themes. The first theme is an overview of the social work profession and will provide insight into the graduate social work program at Sacramento State. The second theme explores the effects of stress and will include literature regarding stress and graduate students. The third theme will cover an overview of self-care that includes current understanding of self-care and self-care related practices. The fourth theme will cover the detrimental outcome of unmanaged stress which includes burnout, compassion fatigue, and secondary trauma. The fifth and final section will highlight the gap in the current literature and the importance of future research regarding the topic at hand. This study aims to look at the current self-care practices of MSW II Social Work students within the Behavioral Health specialization, Children and Families specialization, and the Title IV-E program at California State University, Sacramento.

Social Work Overview

Students who pursue higher education in the field of social work have the option to obtain a BSW (Bachelor of Social Work), and sequentially an MSW (Master of Social Work). For the purpose of this study, the information provided will relate specifically to the Masters of Social Work program at California State University, Sacramento (CSUS). The Master of Social Work program at CSUS offers three different specializations within

its program, these include Behavioral Health, Children and Families, and Health and Aging. For the purpose of this study, the focus will only be on the Behavioral Health and Children and Family specializations.

Behavioral Health

The behavioral health specialization prepares students for the field of mental health by providing knowledge and skills to conduct mental health assessments, make accurate diagnoses, learn an array of treatment options to better serve indigent populations by providing long term and acute mental health treatment, and how to adequately respond to acute trauma scenarios.

Children and Families/Title IV-E

The children and families' specialization prepares students with advanced knowledge and skills in areas affecting children and families with a specific focus on training students in Child Protective Services, abuse, neglect, and human trafficking. Within this specialization a select few people are a part of the Title IV-E program. Title IV-E is a stipend program within the children and families' specialization and it provides professional education and monetary support to undergraduate and graduate social work students who intend to pursue a career in the field of public child welfare. This program aims to provide support through a specialized competency-based child welfare curriculum as well as support through the provision of monetary support to students.

Getting a degree in Social Work not only requires classroom instruction but also includes a field education component. Social work students earn academic credit for professionally supervised field experience in a human service agency. This section of the

program is called the “Field Practicum” and requires two to three days a week (8:00 am to 5:00 pm) of student participation. The field placements assigned to students vary in population and can include clients from different ages, backgrounds and needs. The population also varies according to the chosen specialization. Some field placements include settings in foster care agencies, mental health agencies, correctional facilities, geriatric settings and hospitals or psychiatric centers. In addition, students must complete a culminating experience, that entails an independent thesis or classroom-based research project. This study aims to look at the current self-care practices of participants within the Behavioral Health specialization, the Children and Families specialization, and the Title IV-E program. Next, an introduction of terms found within the literature will be reviewed as they relate to this topic.

Definition of Stress, Burnout and Compassion Fatigue

Some common themes found in the literature include terms such as burnout, compassion fatigue, vicarious trauma, and secondary traumatic stress (Lloyd, & King, 2004). These terms will be reviewed throughout this section. It is however important to clarify that these terms although similar, are distinguished as separate phenomenon within the literature.

Stress

Stress in general is a term we are all familiar with, it is increasingly present in everyday life yet concepts of stress and coping mechanisms are very diverse. Some of the definitions of stress found in the literature define it as the emotional and physiological reactions to stressors (Lloyd, & King, 2004). Lloyd and King (2004) refer to a stressor as

a demand, situation or circumstance that disrupts a person's equilibrium and initiates the stress response of increased autonomic arousal. He also adds that persistent stress is associated with chronic anxiety, psychosomatic illness and a variety of other emotional problems (Lloyd, & King, 2004).

Secondary Traumatic Stress/Vicarious Trauma

Secondary or indirect traumatization known as vicarious trauma is a term found in the literature to describe the deeply negative transformation of professionals in the area of cognition and fundamental beliefs about the world when they involve themselves empathically and repeatedly with clients who report traumatic experiences (Diaconescu, 2015). Vicarious trauma is identified as the indirect involvement and a consequence of the efforts or desire to help a person who has suffered trauma. The literature mentions that symptoms of secondary traumatic stress (STS) share similarities with those of post-traumatic stress disorder (PTSD). Some symptoms include intrusive images, persistent avoidance of stimuli, persons and activities associated with hyper excitability, depersonalization, and faulty social and professional functioning (Diaconescu, 2015). Secondary traumatic stress is described when practitioners report symptoms related to re-experiencing the client's traumatic event, and wishing to avoid both the client and reminders of the client's trauma due to the intimate knowledge about the client's traumatic experiences (Adams, Boscarino, & Figley, 2006). According to the literature, in order to better describe the phenomena of secondary traumatic stress, the term compassion fatigue was introduced (Diaconescu, 2015).

Compassion Fatigue

Experiencing compassion fatigue is the consequence of working with significant numbers of traumatized individuals, and also occurs when the practitioner has a strong empathic orientation (Adams et al., 2006). Having empathy for a client is highly encouraged in the field of social work and therefore it adds to the possibility of compassion fatigue. Compassion fatigue is similar to the term burnout, both have in common the deep emotional and physical fatigue that social workers and other helping professionals can develop in trying to help others (Diaconescu, 2015). Caretakers or persons who take care of others in their life even if their commitment or occupation is not professionalized (e.g. biological or adoptive parents, friends, or persons taking care of their elderly family members) are also susceptible to compassion fatigue. In other words compassion fatigue refers to a progressive fatigue of empathy, of compassion, and hope for other and themselves (Diaconescu, 2015).

The literature describes compassion fatigue as a hazard and states that individuals working in caring professions are at an increased risk of experiencing adverse psychological outcomes (Diaconescu, 2015). Compassion fatigue is also defined in the literature as the formal caregiver's reduced capacity of interest in being empathic or bearing the suffering of clients, and is the natural consequence in behaviors and emotions resulting from knowing about a traumatizing event experience or suffered by a person. Compassion fatigue is also described as an ego defense when we feel overwhelmed by the suffering in the world (Wright, 2013). Burnout and compassion fatigue although related issues, are not interchangeable, stress goes away when the cause is removed,

burnout does not shift when the stress goes, but rather relates to a deep crisis of meaning and purpose in life.

Burnout

Burnout is defined in the literature as a prolonged psychological response to chronic workplace stressors and is theorized to include three dimensions: emotional exhaustion, depersonalization or cynicism, and diminished personal accomplishment (Kim, Ji., & Kao, 2011). Burnout is also defined as a state of physical, emotional and mental exhaustion that results from long-term involvement in work situations that are emotionally demanding (Schaufeli, & Greenglass, 2001).

The Effects of Burnout

The demands that are placed on human service workers in supporting people through challenging circumstances create high levels of stress and burnout (McGarrigle & Walsh, 2011). The adverse impact of working with clients who have a history of psychological trauma such as sexual/physical abuse, military combat, or experiencing a community disaster, is often described by terms such as secondary traumatic stress, compassion fatigue, and vicarious trauma (Adams, et al., 2006).

Burnout can cause significant detrimental effects on personal health and job satisfaction and has been associated with medical errors, alcohol and drug abuse, and neglect and abandonment of career goals (Anne, 2014). On the basis of a sample of 751 social work members of the North Carolina NASW chapter, using an anonymous, cross-sectional mailed survey design, Siebert (2005), found that about three fourths reported having had trouble with burnout during their careers.

This high frequency of burnout among social workers is found across multiple disciplines. For example, a study among 1,196 gerontology social workers who work with elderly people and who belong to either the NASW or the Gerontological Society of America participated in a study by Poulin and Walter (1993) that examined burnout, about 60 percent were experiencing moderate to high levels of emotional exhaustion (Poulin & Walter, 1993).

Similarly, Lloyd and King (2004) in their study of 304 occupational therapists and social workers, investigated the extent to which occupational therapist and social workers employed in Australian mental health settings are affected by burnout. This study was conducted via questionnaires and the outcome measure was the Maslach Burnout Inventory Scale. The results concluded that both groups experienced high emotional exhaustion, moderate depersonalization, and high personal accomplishment (Lloyd & King, 2004).

In addition, Anderson (2000) used a cross-sectional, self-report methodology to measure coping strategies and the burnout syndrome of 151 front line CPS workers with at least 2 years' experience in Southeastern Department of Social Services. The subjects of this study attended one of nine stress management workshops provided in various locations around the state and Quantitative analysis were run on the collected data. The study found that 62 percent of participants were experiencing high levels of emotional exhaustion (Anderson, 2000).

To further illustrate the consequences of burnout, a longitudinal study by Kim, Ji., and Kao (2011) examined the relationships between burnout and physical health in social

workers, a total of 406 California registered social workers were surveyed annually over a three-year period. Using structural equation modeling, Kim, Ji., and Kao (2011) conducted a path analysis to test whether burnout predicted changes in physical health over time, and the end of the three years, the results showed that social workers with higher initial levels of burnout later reported more physical health complaints. In addition, higher levels of burnout led to a faster rate of deterioration in physical health over a one-year period (Kim et al., 2011).

Social worker burnout is a serious problem given that it can adversely affect the quality and stability of social workers, therefore also affecting their personal lives and professional service delivery. It is important to identify the factors that contribute to the concept of burnout in order to prevent or alleviate the adverse consequences of social service workers, clients and organizations. The literature mentions some domains that are known to be important in influencing burnout; personal characteristics and work environment characteristics (Magennis & Smith, 2005).

Personal Characteristics

A large part of a social worker's professional life is helping other others in times of distress. When conflicts arise that the social worker cannot "fix" or when they feel like they have no answers to clients' problems, this can dramatically increase the social workers' own level of stress (Collings & Murray, 1996). Overcommitment to a job, clients, or family demands a lot of personal energy and can affect one's optimism, control and self-esteem; these personality dispositions can positively and negatively influence burnout (Collings & Murray, 1996). Certain factors can be a support or constraint

depending on the person and situation, a support person for someone may be the cause of stress for another. For example, family is usually seen as a support by some but may be the source of conflict for others. This can also apply to both work and school.

Work Environment Factors

The work environment takes up a significant amount of our time, and the relationship one has with co-workers and staff certainly affects job satisfaction. Multiple studies suggest that job stressors can also lead to negative health behaviors, such as smoking, alcohol or substance abuse, and less exercise, all of which are known to have adverse effects on a person's health (Jones & Bright, 2001). Diminishing physical health can lead to lost workdays, diminished job effectiveness, permanent disabilities, and increased compensation for sick leave.

An organization factor that can contribute to burnout is management and supervision which can be both a source of support as well as source of stress (Collings & Murray, 1996). Having support from one's supervisor or higher management is significantly associated with higher control, lower job demands and lower burnout (Rafferty, Friend, & Landsbergis, 2001). In a study by Brotheridge and Grandey (2002) of 238 full-time Canadian employees who were surveyed as part of a larger study on emotions in the workplace perceived work demands, including frequency, duration, variety, and intensity of employee-client interactions were all positively related to burnout. This study also supported the idea that a job requiring intense emotional regulation is a heavy demand placed on social workers, the expectations for long interactions with clients and the level of intensity and variety of emotional expressions

needed are also predictors of burnout (Brotheridge & Grandey, 2002). The literature also shows that workload and having too much administrative paperwork is one of the most consistent stressors reported among employees, along with a lack of resources (Magennis & Smith, 2005).

Burnout can make us more vulnerable to compassion fatigue and secondary traumatic stress, a non-supportive work environment can be the cause for such fatigue, and therefore something as easy as changing the work place will instantly offer relief to someone suffering from burnout. On the contrary, this is not the case with compassion fatigue or secondary traumatic stress because compassion fatigue results from the accumulated affect of fatigue/burnout and secondary stress (Magennis & Smith, 2005).

Stress and Graduate Students

Once an individual pursues a higher education beyond a bachelor's degree, the level of difficulty becomes more challenging, demanding, and overwhelming. Stressors such as the ones that come with student life can contribute to a student's academic performance, well-being, physical and mental health, as well as have an affect in their daily functioning and performance.

There is no doubt that stress is a normal part of a student's life as graduate students balance school, work, and other duties. Graduate students are required and expected to perform higher than undergrad level students yet with added duties and responsibilities that come with being in a graduate program. Some of the added duties include fieldwork practice, the thesis or project while also maintaining all other aspects of

their lives. Balancing all these can become overwhelming and can lead to detrimental circumstances.

In a study undertaken by Tobin and Carson (1994), social work students showed high levels of psychological distress. When asked to describe their graduate experience, participants described their experience as “difficult, demanding, and intensive”.

Additionally, another study revealed that stress was experienced by all graduate students who participated in the study, and described their graduate experience as “stressful, “pressed,” and having no “breathing space” (Offstein, Larson, McNeill, & Mjoni Mwale, 2004).

Professional disciplines such as social work that combine classroom work with a field training component such as field practicum evoke more stress than traditional graduate programs (Dziegielewski, et. al., 2004). In a similar study, Munson (1984) surveyed 82 graduate social work students for comparison purposes with already available research from medical education. His methodology included a five-page self-administered questionnaire consisting of 75 Likert-type scale questions. His study wanted to explore similar variables among graduate social work students to determine if there were comparable stress levels among social work students. His study reported that students in traditional programs reported higher levels of stress associated with field placement than with course work (Munson, 1984). The study findings from the literature indicate that the graduate school experience is intensely stressful. The rewards of being a social worker are great whether you are advocating to provide social change, or helping

individuals during their most vulnerable times, this although gratifying, can also pose challenges to social workers and can create an overload of stress.

Stress is a serious problem among social work students. The cost of not engaging in self-care or self-care related activities can lead to burnout and compassion fatigue. Burnout and compassion fatigue can have serious consequences on an individual's well-being and can be a cause of unsatisfactory grades, and problems with productivity as well as strained relationships.

In addition, the phenomena of burnout has an impact on quality services, such as staff turnover, disengagement, and professional impairment likewise, increased student stress and exhaustion affect academic performance and professional preparation (Erlene Grise-Owens, 2018). It is crucial for students to develop and maintain coping strategies to successfully get through college. This includes social work graduate students who are balancing student life while also attempting to be an effective practitioner to clients in their field placement sites. Social work graduate students are faced with having to manage new responsibilities with already existing responsibilities and at the same time having to balance different aspects of their lives (Olvera, 2011).

Self-Care Overview

Current Understanding of Self-Care

It is important to review the current understanding of self-care, the importance and effectiveness of it in graduate social work students' lives. In the literature, self-care is defined as activities an individual engages in that serve the purpose of maintaining one's

health (Hall, 2015). Self-care is viewed as a holistic approach that targets the psychological, emotional and physical aspects of one's life.

A study by Richards, Campenni, & Muse-Burke (2010) explored the link between self-care by mental health professionals and their general well-being. The results concluded that self-care frequency and importance were found to be significantly, positively correlated with well-being, therefore mental health professionals' frequency of participation and view of self-care activities is significantly associated with their general well-being. Self-care is something one does in order to improve the sense of subjective well-being (Richards et al. 2010). It is important that professionals engage in self-care in order to decrease the possibility of impairment and enhance their well-being.

Some general themes of self-care identified in the literature review include: physical, psychological, spiritual, and support as components of self-care. These terms are defined as the following; the physical component of self-care is characterized by bodily movement that results in the utilization of energy, which can occur by engaging in activities such as exercising, playing sports, and engaging in daily activities or household work (Richards et al. 2010).

Psychological self-care is defined as one's pursuit of counseling which can also be translated as a psychological treatment for any type of distress or impairment (Richards et al. 2010). The spiritual component of self-care is defined loosely but can generally be described as a sense of purpose and meaning of life and the connection one makes from this understanding (Richards et al. 2010). This includes both spirituality and religious points of view (Richards et al. 2010).

The support component of self-care is described as the relationships and interactions that develop from both professional and personal support systems. The literature defines professional support as having consultation and supervision from colleagues, peers, and supervisors as well as the continuation of professional education. Personal support is therefore defined as the relationships and interactions with one's spouse, family, and friends (Richards et al. 2010).

In order to support the benefits of engaging in the different components of self-care that are listed above, some facts found in the literature should be listed. For example, physical activity has a general wellness benefit and has been shown to decrease symptoms of anxiety and depression, (Component 1: Physical). It is also suggested that counselors themselves seek the benefits of counseling (Component 2: Psychological). When talking about spirituality (Component 3), it is found that spirituality plays a significant, positive role in one's quality of life (Richards et al. 2010).

Support, (component 4) provides a lot of benefits. It is suggested that mental health professionals participate in professional communications with colleagues in order to reduce the possibility of burnout. Seeking consultation and supervision from another colleague is also beneficial to one's practice because through consultation, it is possible to recognize and understand errors as well as help with ethical dilemmas. Having a personal support also allows one to feel the sense of belonging (Richards et al., 2010). In conclusion, the balance of all these components of self-care can prevent or alleviate symptoms of burnout, mental exhaustion, and prevent one from becoming a workaholic.

The frequency with which mental health professionals participate in self-care activities and the importance they place on them is associated with overall well-being, which suggests that self-care is important to the functioning of mental health professionals, and because social work graduate students will become full-time working professionals it is important that they begin engaging in self-care practices during their educational career when they are also learning other social work skills (Sansó et al., 2015).

The key variables to a professional's quality of life, include; training, self-care, awareness, coping, and death competency (Sansó et al., 2015). These types of competencies should be incorporated when designing psychosocial risk prevention programs for healthcare professionals (Sansó et al., 2015). Learning these competencies can be a protective factor for stress, burnout, compassion fatigue, and other negative consequences.

Self-care in Social Work Graduate Programs

The literature pertaining to how schools help students cope with stress is sparse (Cox, & Steiner, 2013). However, some suggested strategies include implementing support systems such as debriefing sessions, and adding a self-care course or training. Individuals who are training in the field of social work are encouraged to practice self-care, yet they are provided with minimal guidance in conceptualizing this process which can provide the individual with self-preservation and professional goal attainment (Cox, & Steiner, 2013).

It is important for schools of social work to attend to the needs of their students and not only emphasize the importance of self-care but also incorporate it in their curriculum for the serious consequences of work related stress on individuals and the systems in which they will be employed (Cox, & Steiner, 2013). It is important to establish a self-care routine now to ensure protection during stressful situations. Having social work students practice self-care while in school ensures protection during stressful moments in the future. Administrators should offer training seminars that provide education on the signs and symptoms of secondary traumatic stress, and should offer coursework on the topic of self-care at both the undergrad and graduate levels as part of the university curriculum or social work program.

The MSW program at California State University, Sacramento mandates that students have supervision time with their field instructor. This would be a great opportunity to include a debriefing session either at field or in the classroom. Having the opportunity of debriefing sessions that take place in the classroom setting is beneficial as fellow students may be experiencing the same questions, concerns or ethical dilemmas. This would be a great addition to the program and it would classify as part of self-care practices.

In one of study by Sannon, Becher, McCleary & Crook-Lyon (2014) qualitative research methods were used to analyze 17 participant journals of social work students that were submitted at 4 times during a course to explore the self-care practices of students and their experiences in a graduate course on the treatment of trauma. This study revealed that 30% of participants were exposed to trauma before starting university. The

interviewed social work students of this study were in advanced courses in trauma therapy when the study took place, and reported that in their current practice of self-care some strategies functioned more effectively than others. In addition, they believed it was important to continue exploring more self-care practices before choosing the most suitable ones for them as current practices (Shannon, et al., 2014). It is vital that social work graduate students start engaging in self-care practices early in their career, so that they can be better prepared when they graduate and join the workforce. Engaging in self-care practices while in the graduate program is of the utmost importance and can have lifelong benefits.

Utilizing self-care practices can shield you from reaching the effects of burnout, compassion fatigue and secondary trauma. Implementing healthy self-care practices impacts one's overall well-being, thus neglecting self-care and/or healthy coping strategies can result in sleep deprivation, emotional exhaustion, reduced morale, feelings of despair, and high levels of staff turnover among social workers (McGarrigle, T., & Walsh, C. A, 2011). Self-care practices should be implemented regularly due to the fact that it can decrease the impact of the high levels of stress while also serving as a coping strategy during stressful times (McGarrigle, T., & Walsh, C. A, 2011).

Building a solid base for the practice of social work requires the implementation of self-care among practitioners, supervisors, students and teachers (Lee & Miller, 2013). Although not all social work graduates will work directly in crisis intervention, they will be however exposed at one point in their lives to people who present symptoms of traumatic stress, behavioral issues, addictions, burnout and depression as a result of

different traumatic events (Diaconescu, 2015). Apart from the theoretical knowledge and specified training skills to help others, it is important that especially when working with traumatized populations, students learn to take care of themselves (Diaconescu, 2015).

For this purpose, it is essential that students learn and begin to implement self-care in their lives prior to graduating from a graduate program, so that they can be better prepared to go out into the real world, equipped with the necessary skills not only to help others, but also themselves. There is an array of issues that practitioners encounter while in the field, and therefore it becomes necessary that they find the effective coping strategies that work for them.

Self-Care Practices

Self-care practices vary from person to person. The self-care practices that people engage in can depend upon their personal preference, religious affiliation, spiritual background, personality and personal interest. Some of the most frequently reported helpful self-care activities seen in the literature consist of categories of Spiritual, Mental/Emotional, Physical, and Social related activities (Dziegielewski, et al., 2004). Some examples of the spiritual activities mentioned in the literature include prayer, bible study, attending church service, yoga, walking, and reading inspirational books (Dziegielewski et al., 2004).

In the category of Mental and Emotional self-care, some activities listed are taking days off from school or work, naps, watching TV, utilizing an agenda, making a visual timetable of all tasks and setting aside time to be alone each day (Dziegielewski et al., 2004). The Physical category of self-care includes engaging in physical fitness such

as exercising, walking or gym related activities (Dziegielewski et. al). Some of the activities that are seen in the literature under the social category of self-care consist of time spent with family or friends and engaging in social activities with fellow students or friends (Dziegielewski et. al., 2004).

In addition to the self-care categories mentioned above, the literature also listed some strategies for coping with stress and helping to incorporate self-care. Some of these strategies include maintaining healthy personal relationships and spiritual practices; seeking health care when it's needed, having proper nutrition and incorporating physical fitness in one's life as well as maintaining a healthy work-life balance (Anne, 2014). Coping strategies for self-care among social workers and other human service workers have traditionally focused on behavioral, cognitive-behavioral, and emotional approaches to managing personal and professional stress (McGarrigle, T., & Walsh, C. A, 2011). These approaches are consistent within social work education in that learning and knowing about one's self can be accomplished using cognitive strategies.

In a study by Parialis and Christodoulou (2017) that explored the main factors that lead social welfare services staff in Cyprus to burnout, 120 social welfare services members were put into focus groups to identify methods that could minimize risk of employee burnout. Using these focus groups Parialis and Christodoulou (2017) explored and analyzed the perceptions present during these focus groups. Participants within this study suggested that continuous education and training could reduce work stress; for example, new knowledge, the development of new skills, the improvement fo their ability

to prioritize tasks and become organized and the improvement of self-criticism and self-knowledge (Parlalis & Christodoulou, 2017).

Social workers who manage to cope with stress report that the methods they use as self-care practices are mainly exercise, followed by meditation and therapy (Parlalis & Christodoulou, 2017). In addition, the literature identified seven mediating factors that could minimize the effects of stress on individuals, they include: high levels of self-esteem, good social support networks, hardiness, good coping skills, mastery and personal control, emotional stability and good physiological release mechanisms (Parlalis & Christodoulou, 2017). This same study suggested that other good coping strategies include time with families, along with taking breaks from the office (Parlalis & Christodoulou, 2017).

The literature related to palliative care states that a key factor in sustaining human service workers is a holistic practice of self-care. Self-care indeed plays an important role in helping palliative care professionals cope with frequent exposure to death and dying (Sansó et al., 2015). This is important because some of the field work placements that are offered to graduate social work students include sites in both hospice and or palliative care settings. As a result, social work graduate students will be exposed to death and dying, and other challenging situations, therefore it is important to understand that self-care can be used as a coping mechanism when exposed to these situations.

In a study by Shannon et al. (2014) student social work participants listed the following self-care practices they try to implement in their life: *physical or behavioral strategies* (jogging dancing, yoga, hiking in the mountains, diverse sports, simple

relaxation exercises and deep breathing techniques, learned during workshops), *relational strategies* (expressing feelings in relation to friends, colleagues, partners, supervisors, mentors or therapist spending time with pets, as well as doing activities together with loved ones: cooking, eating exercises); *cognitive Strategies* (deliberate distraction of attention: film, music, internet surfing, avoidance of trauma exposure outside of the work hours, avoidance of reading about trauma under conditions of overwork, limitation of exposure to details regarding traumatic experiences, limitation of the work time with trauma, daily prayers, work diary/marking the experience with writing as a strategy of though processing, focusing on the clients' strong points).

In the same study, the difficulties in the practice of self-care reported by the interviewed students were: stressful school program, lack of time, lack of motivation and mutual support for this kind of practice (Sannon et al., 2014).

Gaps in the Literature

According to the literature, there is a lack of research on the relationship between the different specializations of graduate social work students at Sacramento State and their participation in self-care practices. Because the specializations are new to the Division of Social Work, little is known about self-care among social work students in the different specializations nor their relationship to self-care or self-care practices. It is important to conduct research because graduate social work students are at risk for burnout and other detrimental factors that can inhibit their ability to provide quality services to their present day clients and to the future clients they will encounter when they enter the workforce.

Chapter 3

METHODOLOGY

The research involved in this project explores two specializations within the Masters of Social Work Program at California State University, Sacramento, and it pertains to the student's self-care involvement and frequency in self-care practices. The two specializations include the Children and families' specialization and the Behavioral Health Specialization. The researcher's hypothesis is that the Children and Families specialization will have higher self-care practices than those in the Behavioral Health specialization due to the program's unique composition. The study design will consist of a non-experimental research study that includes an anonymous survey which will gather the material that will then be analyzed according to the self-care practices data.

Protection of Human Subjects

The Protection of Human subject's application for this study was approved and given the protocol number of 17-18-048. Because surveys were administered to students there were human subjects included in this research design, however due to the low risk associated with the project from the data being collected in the surveys, the researcher and the board determined this study to be low risk. There were no human subject harms encountered in this study.

Study Population

The population being studied in this research study includes Social work graduate students enrolled in the Masters of Social Work program at California State University, Sacramento. The specific populations that will be studied are those that are within this

program and are also specializing in Behavioral Health or are in the Children and Families specialization. Students that do not fall under these categories will be exempt from this study, this includes those who are in a different major and those who belong to another specialization or department or division, regardless of their undergraduate or graduate status.

Sampling Procedure

The sampling for this study was obtained by gathering completed, voluntary surveys that were distributed along with informed consent forms to the practice classes of students in the behavioral health specialization and children and families' specialization. The researcher, prior to distribution of surveys, received permission from the practice professors to use 15 minutes of their class time to explain and provide information of the research study to the students and then provide them with voluntary surveys pertaining to self-care practices. The class visits all took place during the first two weeks of the semester and were within the first 20 minutes of class. During this time, the researcher introduced the research topic and informed the students that participation in this study was voluntary and anonymous.

By completing the survey, participants gave their consent but they did not sign their names. Each student was supplied one informed consent form, and one survey. The informed consent form can be found in the Appendix A.

Data Collection

Data was collected from an anonymous one-page survey that included deidentified demographic information such as age, gender, race, and specialization. The

survey also included a section designated to the participant's own definition of self-care and what they identified as self-care practices. In addition, a Likert-scale question inquiring about whether students felt like they practiced enough self-care. The survey used for the data collection can be found in Appendix A2. After the distribution of surveys, students were then given privacy and time to freely decline or complete the survey in the absence of the researcher. The researcher remained outside the classroom until a classmate would notify the researcher when it was time to collect the surveys. The data collection took place 15 minutes after initial contact with students. The researcher then collected all materials, thanked both the students and professor and exited the class. No incentives were given for participation in this study.

The professors contacted by the researcher were found via the online student center of California State University, Sacramento and were searched according to the adequate specializations. The professors were then contacted via email to ask if the researcher could solicit the participation of their class in this study. One of the professors who was contacted was unable to accommodate the researcher for an in-class survey distribution so that class opted for the distribution of surveys to be sent via email to his class.

An online survey was created through the Survey Monkey tool and administered via snowball and convenience sampling methods. The link to the survey in Survey Monkey was sent to the professor who then sent it via email to his class that consisted of students in the Children and Families specialization and also included students in the Title IV-E program. The survey designed for the in-person distribution was created and

administered in a hard copy format. This research included human subjects and was considered low risk.

Data Instrument

The survey used in this research design was created in a way that the information gathered would be suitable to the study of self-care, yet minimal risk of identifiable demographic information. The survey consisted of nine questions in total where most of the questions were quantitative, with the exception of a qualitative question that read “What is your definition of self-care?”. Provided within the survey was a list of self-care practices and a space was provided for students to add their own self-care practices that were not included within the provided list of practices. The researcher chose to include demographics in the survey in order to analyze this information and as a way to identify possible correlations based on age, gender, and race.

Questions one through four in the survey asked for Age, Race, and Gender. Because of the researchers’ hypothesis for this study, the fourth question asked the participant to select from three available options that read “Behavioral Health, Children and Families, Title IV-E”. Although the Title IV-E program is not considered a specialization, it is a program within the Children and Families specialization and was added to the survey as an option. Those who were in the Title IV-E program checked both the Children and Families and Title IV-E option. Not all students in the Children and Families specialization are in the Title IV-E program, but all those who are a part of the Title IV-E program are a part of the Children and Families specialization, therefore those who chose Title IV-E also selected the Children and Families specialization. The last

question provided within the survey was a Likert scale question asking whether students felt that they practiced self-care enough.

Variables

The independent variable in this study was the specific MSW specializations which included Behavioral health and Children and families. The dependent variable were the practices of self-care, frequency of self-care, as well as the question “Do you think that you practice self-care enough? which was included in the survey to which participants would answer with a response ranging from “Strongly Agree” to “Strongly Disagree.” The level of measurement for the independent and dependent variable as well as the control variables were ordinal.

Quantitative

This research included both quantitative and qualitative data. For the qualitative portion, the MSW specializations were measured using the following responses: Behavioral Health and Children and Families. In SPSS, Behavioral Health was coded as 1, Children and Families was coded as 2, and those who selected the Title IV-E program were coded as 3. Table 1 will demonstrate the MSW Specializations and distinguish the chosen specialization of participants in this study.

Qualitative

The qualitative part of this research entails the open-ended question within the survey which asked “What is your definition of self-care?” The researcher designed this question as a way to identify the respondent’s own self-reported definition of self-care. Open ended questions such as this allow participants to express their own opinions rather

than choose from a provided set of examples. The responses to the open ended question were gathered and emerging themes were drawn from the responses.

Data Analysis

The data gathered from the survey was entered into the SPSS database. Data was then analyzed with attention given to the relationships between variables and an account of frequencies of responses within response categories of all variables.

The data in SPSS was analyzed using ANOVA test and the results were then formulated into charts which will be depicted and explained in the next chapter.

Chapter 4

DATA ANALYSIS

Introduction

This study was designed as a method to test the researcher's hypothesis which consisted of the idea that the Title IV-E students within the Children and Families specialization frequented self-care practices more than the Behavioral Health specialization. The findings from this study will be discussed and illustrated within this chapter.

Participant Demographics

The participants for this study were collected through convenience sampling and snowball sampling. A total of 70 (N=70) surveys were collected, all of which were MSW II students within the Behavioral Health specialization and the Children and Families specialization, including Title IV-E students. In regards to these specializations, there were more behavioral health students with a total of 44.3% respondents than children and families' student respondents, who accounted for 31.4% and students in the Title IV-E program following with a total of 22.9%. (Table 1).

Table 1
Participant MSW Specialization

		Frequency	Percent	Valid Percent
Valid	Behavioral Health	31	44.3	44.9
	Children and Families	22	31.4	31.9
	Title IV-E	16	22.9	23.2
	Total	69	98.6	100.0
Missing	System	1	1.4	
Total		70	100.0	

Most of the participants in this study were relatively young in age, with the majority of them indicating being between the ages of 25-35 years old (67.1%) and (15.7%) identifying as being less than 25 years old. The remaining participants, (11.4%) identified as being within the ages of 36-46 years old and (4.3%) identified as being 47 or older (Table 2).

Table 2
Age of Participant

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 25	11	15.7	15.9	15.9
	25-35	47	67.1	68.1	84.1
	36-46	8	11.4	11.6	95.7
	47 Plus	3	4.3	4.3	100.0
	Total	69	98.6	100.0	
Missing	8.00	1	1.4		
Total		70	100.0		

In regards to race and ethnicity, most participants identified as either Caucasian (47.1%), Hispanic/Latino (20%), and two or more races (14.3%). The remaining participants identified as Asian/Pacific Islander (11.4%) and (7.1%) identified as African American (Table 3).

Table 3

Participant Race/Ethnicity

	Frequency	Percent	Valid Percent	Cumulative Percent
African American	5	7.1	7.1	7.1
Asian/Pacific islander	8	11.4	11.4	18.6
Caucasian	33	47.1	47.1	65.7
Hispanic/Latino	14	20.0	20.0	85.7
Two or more races	10	14.3	14.3	100.0
Total	70	100.0	100.0	

The majority of participant's in this study identified as female with a total of (87.1%) over (12.9%) who identified as male (Table 4).

Table 4

Participant Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	9	12.9	12.9	12.9
Female	61	87.1	87.1	100.0
Total	70	100.0	100.0	

Self-Care Findings

The participants were asked to identify the self-care practices they engage in by “checking all that apply” from a list of provided self-care practice examples within the survey. The Likert-scale question read “What are your self-care practices?”. Figure 1 illustrates that “Sleeping/naps”, “Music”, and “Eating” were the top self-care practices that participants selected from the list. The remaining self-care practices varied from 2% to 8% frequency. Participants were also given the opportunity to write in their own answers regarding this questions in the two blank spaces named “other 1” and “other 2”. Some information from a couple of surveys were left blank and therefore will show as “missing” data in the tables

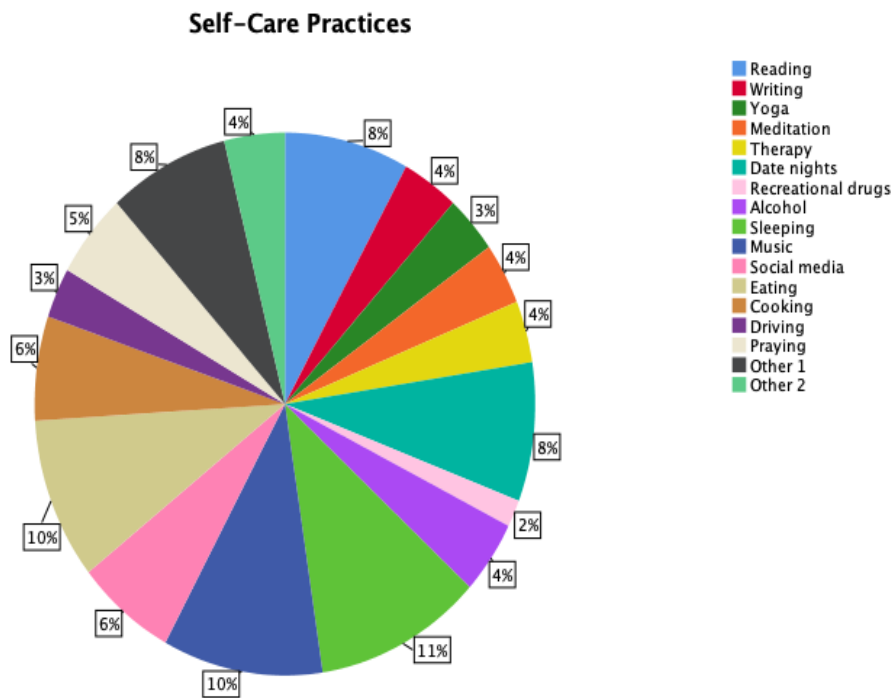


Figure 1. Identified Self-Care practices

The last survey question asked the participant to identify whether they felt they practiced enough self-care. The question read “Do you think that you practice self-care enough?” to which the possible responses were “Strongly agree”, “agree”, “neither”, “disagree”, and “strongly disagree”. Table 5 was created in SPSS as a way to differentiate which answers corresponded with which specializations. The researcher hypothesized that students in the Title IV-E sub specialization within Children and Families specialization practiced more self-care than students in the Behavioral Health Specialization. Table 5 reveals that more participants within the Title IV-E sub specialization answered “strongly agree” that they practiced enough self-care, whereas those in the Behavioral Health specialization did not identify with “Strongly Agree” at all. More students in the Behavioral Health specialization identified with “Strongly Disagree” more than those in the Children and Families and Title IV-E when asked about whether they think they practice enough self-care.

Table 5

MSW Specializations and their Likert-Scale Ratings

		Do you think that you practice self-care enough?				
		Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
Behavioral Health		0	8	3	17	3
Children and Families		0	14	3	4	1
Title IV-E		2	4	4	4	1
Total		2	26	10	25	5

Overall Findings

Each participant was asked to identify whether they felt they practiced self-care enough. Table 6 was created in SPSS by the researcher in order to identify which specializations identified with which response to the survey question “Do you think that you practice self-care enough?” The response choices were “Strongly Agree”, “Agree”, “Neither”, “Disagree” or “Strongly Disagree”. Table 6 gives evidence to show that participants within Title IV-E “Strongly Agreed” that they practice enough self-care more so than the other specializations, that did not identify with “Strongly Agree” at all.

The mean and standard deviation for the MSW specializations and the Likert-identified responses to the question “Do you think that you practice self-care enough?” were calculated in SPSS. The mean score for the overall Behavioral Health student participants was 3.48, with a standard deviation of .99. The mean score for the Children and Families participants was 2.63, with a standard deviation of .95. The Title IV-E participants showed a mean score of 2.86 with a standard deviation of 1.18 (See table 6). These results indicate that students within the behavioral health specialization identified as practicing less self-care than the students within the children and families’ specialization.

Table 6

Mean and Standard Deviation of MSW Specializations and their Identified Opinion of Personal Self-Care Practice

Do you think that you practice self-care enough?

Participant MSW Specialization	Mean	N	Std. Deviation
Behavioral Health	3.4839	31	.99569
Children and Families	2.6364	22	.95346
Title IV-E	2.8667	15	1.18723
Total	3.0735	68	1.08334

Participants were given a list of self-care examples and asked to identify different self-care practices that they engage in from this provided list. Participants were also given the opportunity to write in two of their own self-care practices they engage in that were not on the provided list. These were labeled “Other 1” and “Other 2”. Figure 1 shows that “Sleeping/naps”, “Music” and “Eating” are the self-care practices being engaged in at a higher frequency (10% to 11%) than the rest of the practices. The remaining self-care practices provided ranged from 4% to 8% frequency.

MSW Specializations and Identified Self-Care Practices

A one-way ANOVA was conducted to compare the effect of MSW Specializations on the identified Likert scale responses to the question “Do you think that you practice self-care enough”. There was a significant effect of Likert-Scale identified

responses on MSW Specializations at the $p < .05$ level for the three conditions [$F(2,65) = 4.77, p = 0.012$]. (See Table 7).

Table 7

ANOVA

Do you think that you practice self-care enough?

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	10.066	2	5.033	4.771	.012
Within Groups	68.566	65	1.055		
Total	78.632	67			

Post Hoc-ANOVA

Due to having found a statistically significant result, a post hoc test was needed. If you find a significant effect for your overall ANOVA, the results of the Tukey post hoc must be reported, therefore a Tukey post hoc test was conducted. This test is designed to compare each of the conditions to every other condition, in regards to this specific study, the Tukey post hoc test will conduct within and between group comparisons of the Behavioral Health, Children and Families and the Title IV-E program participant responses.

The Post hoc comparison using the Tukey HSD test indicated that the mean score for the Behavioral Health within Children and Families ($M = 0.84751, SD = 0.286$) was significantly different than the Children and Families within Behavioral Health ($M = 0.84751, SD = 0.286$). In addition, the Title IV-E within Children and Families and Behavioral Health ($M = 0.23030, SD = 0.344; M = -0.61720, SD = 0.323$) did not

significantly differ. (See Table 8). In summary the Title IV-E differences represented here suggest that this group practices more self-care than the other two groups at statistically significant levels.

Table 8

Post Hoc Test for ANOVA-Multiple Comparisons

Dependent Variable: Do you think that you practice self-care enough?

Tukey HSD

Participant MSW Specialization	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
				Lower Bound	Upper Bound
Children and Families	.84751*	.28631	.012	.1608	1.5342
Title IV-E	.61720	.32304	.144	-.1576	1.3920
Behavioral Health	-.84751*	.28631	.012	-1.5342	-.1608
Title IV-E	-.23030	.34391	.782	-1.0552	.5946
Behavioral Health	-.61720	.32304	.144	-1.3920	.1576
Children and Families	.23030	.34391	.782	-.5946	1.0552

*. The mean difference is significant at the 0.05 level.

Qualitative Analysis

The key findings from the qualitative analysis will be illustrated by the common themes that emerged from the data collected for the question “What is your definition of self-care? Six related themes emerged from the data.

Theme one included responses indicating that personal wellness is considered to be what participants define as self-care. Out of 70 participants, a total of 35 showed to have a similar response with this theme. Terms such as “taking time for yourself”, “me time”, “taking time to care for yourself”, “putting myself first” were some of the key words used within participant’s responses.

Theme two consisted of the idea of refilling one's mental, emotional, physical and spiritual reservoir as being a definition of self-care. 39% of the participants responded to this being their definition of self-care. Their responses included: "time for you to recharge emotionally, physically, and mentally by having time to complete activities of your choosing", "taking time to fill up my tank and core for my mind, body, and soul", "mind, body, and soul maintenance and improving/strengthening it", "taking time to care for mind and body", "doing something that helps nourish an individual emotionally and physically", "taking care of our self, according to physical and psychological health and well-being", and "filling up your cup so you can pour into others."

Theme 3 consisted of having fun and or doing something you enjoy, examples of this consisted of spending time with friends, family, or pets. A total of 19% participants resonated with this definition and responded with examples such as "reading writing, drawing, video games, and spending time with their pets." Other answers included things such as "nights out with friends, movies, music, and hanging out with loved ones."

Theme 4 described self-care as a time to disconnect, take breaks or relax. Responses ranged from "Decompressing time", "Doing something that allows me to relax or take a break from stress", "taking time to refresh", "anything that is relaxing and helpful with dealing with stress", "taking time to not do anything related to school or internship, and doing something relaxing", "sleep", "a lifestyle that allows for breaks from stressful activities." 21% of participants described this idea as the definition of self-care.

Theme 5 included physical activities or exercising as a definition of self-care. Six of the participants responded with some sort of physical activity being their definition of self-care. Some examples included “walking, hiking, exercise, running or gym.” Some respondents also included yoga and meditation as activities they defined as their self-care. 8% of participant’s related to this theme.

Theme 6 included definitions of self-care as “papering self” by ways of getting a massage, pedicures, manicures and activities that allowed for self-pampering. Only 5% of respondents considered this as their definition for self-care.

Some participants make specific reference to the value of self-care, often indicating that self-care is fundamental to the successful operation of service and reporting that “self-care is key to avoiding burnout in your career.” In total half of the participants reported that making time for themselves and engaging in activities that encouraged this, was associated with what they define as self-care.

Results for this study indicate that students within the Children and Families specialization felt that they practiced enough self-care more than students within the Behavioral Health specialization. These statistically significant findings will be further discussed in the next chapter.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

This chapter will discuss the key data collected during this research study. This study examined the self-care practices among MSW II students within the Behavioral Health and the Children and Family specializations. The hypothesis guiding this study was that those students within the Children and Families' Title IV-E program would practice more self-care than those students within the Behavioral Health specialization. This hypothesis was supported by the research study findings. The findings of this study revealed that all participants within this study practice at least some form of self-care but not all agree that they practice enough self-care.

The responses to the Likert-Scale question asking "Do you think you practice enough self-care?" all ranged from "strongly agree" to "strongly disagree". Lastly, this study showed that the researcher's hypothesis that "The Children and Families specialization will engage in more self-care practices than students in the MSW Behavioral Health Specialization" was supported by this study's set of participants.

Findings from the Quantitative Data

One of the main findings from this research came from the one-way ANOVA that was conducted to compare the effect of MSW Specializations on the identified Likert scale responses to the question "Do you think that you practice self-care enough". There was a significant effect of Likert-Scale identified responses on MSW Specializations at the $p < .05$ level for the three conditions [$F(2,65) = 4.77, p = 0.012$].

The Post hoc comparison using the Tukey HSD test indicated that the mean score for the Behavioral Health within Children and Families ($M=0.84751$, $SD= 0.286$) was significantly different than the Children and Families within Behavioral Health ($M= -0.84751$, $SD=0.286$). In addition, the Title IV-E within Children and Families and Behavioral Health ($M=0.23030$, $SD=0.344$; $M= -0.61720$, $SD= 0.323$) did not significantly differ. This represents that participants in the Title IV-E program practice more self-care than students in the Behavioral Health specialization and the Children and Families specialization.

A second finding within this study reports that participants in this study of social work graduate students in the Behavioral Health and Children and Families specializations describe “Sleeping/naps”, “Music” and “Eating” as the self-care practices they engage in at a higher frequency (10% to 11%) than the rest of the provided self-care practice examples. The remaining self-care practices provided ranged from 4% to 8% frequency.

A third finding concludes that more participants within the Title IV-E sub specialization “strongly agree” that they practiced enough self-care, whereas those in the Behavioral Health specialization did not identify with “Strongly Agree” at all. In addition, more students in the Behavioral Health specialization identified with “Strongly Disagree” more than those in the Children and Families and Title IV-E when asked about whether they think they practice enough self-care.

Findings from the Qualitative Data

The qualitative portion of this study entails the open-ended question within the survey that asked “What is your definition of self-care? The key findings from this qualitative analysis were illustrated via themes that emerged from the data responses to this question. Six related themes emerged from the data, however theme one and theme two were the most popular themes shown to be reflected within the participant’s answers.

Theme one “Personal Wellness,” indicating that personal wellness is considered to be what participants define as self-care. 50% of participant’s responses related with this theme. This was the most popular theme, some example quotes of participant’s responses included; “taking time for yourself”, “me time”, “taking time to care for yourself”, “putting myself first” and were the most commonly used responses to the question, “What is your definition of self-care?”

Theme two consisted of the idea of refilling one’s mental, emotional, physical and spiritual reservoir as being a definition of self-care. 39% of participants related with this theme. This was the second most popular theme found within the data. Some responses included: “time for you to recharge emotionally, physically, and mentally by having time to complete activities of your choosing”, “taking time to fill up my tank and core for my mind, body, and soul”, “mind, body, and soul maintenance and improving/strengthening it”, “taking time to care for mind and body”, “doing something that helps nourish an individual emotionally and physically”, “taking care of our self, according to physical and psychological health and well-being”, and “filling up your cup so you can pour into others.”

Other themes included: Theme 3: Having fun/doing something you enjoy, with a total of 19% participants, Theme 4: Time to disconnect, with 21% of participants relating to this and often referring to the separation of related school activities and/or internship as their form of self-care. Theme 5 included physical activities such as walking, running, hiking and walks with a dog. 8% of participants associated with this theme. The last theme, Theme 6, consisted of activities having to do with “pampering self” and specified massages, manicures, and pedicures as a definition of self-care. Only 5% of participants associated with this theme.

In conclusion, the most popular definitions of self-care within this qualitative section were those of Theme 1 and Theme 2 which represent spending time with one’s self and doing enjoyable activities as well as having time to distance one’s self from school work or field activities.

Implications for Social Work Practice

This study leads us to consider the importance of practicing self-care for social work students at the undergraduate and graduate level. The literature review indicates that the graduate school experience is intensely stressful (Olvera, 2011). Graduate social work students have multiple responsibilities and take on multiple roles, as a result of that, students are prone to stress and therefore become extremely vulnerable to burnout (Olvera, 2011). The concept of burnout is characterized by emotional exhaustion, depersonalization and low sense of self, and is associated with poorer patient ratings of quality of care, increased patient dissatisfaction, increased medical errors and increased number of personal and professional issues (Sansó et al., 2015).

This study found important and statistically significant findings that Title IV-E program does a better job at preparing students to the point that they feel they practice enough self-care. Other specialization should focus more on providing students within all the different specializations to also feel this way. This study gives some suggestions about how all specializations can benefit from this. One such recommendation is the implementation of a mandatory course for all specializations to take, or a mandatory workshop for all graduate social work students. This can be done as a way to discuss and encourage the importance of engaging in self-care practices not only through their educational journey, but also well into their educational careers as a way to adequately deliver quality services.

Due to the detrimental effects of burnout found within the literature, it is increasingly important for Universities that offer graduate social work programs to implement one of these recommendation of a self-care course or workshop within their program.

This study adds to the recommendation that a self-care course should be implemented within the social work graduate programs for students to strengthen their competency around the effects of burnout and the importance of implementing self-care as a deterrent to burnout and buffer for stress. This study and literature have found that self-care is an added benefit for social work students to have not only in their personal and professional lives, but also during their educational career.

Limitations

The limitations of this study include the sample size and study design. The participants were chosen through convenience sampling and snowball sampling which included fellow classmates known to the researcher through mutual social work courses taken prior to or during this research. This can be construed as placing the study at risk for social desirability bias due to the fact that both survey respondents and the researcher were all students in the same graduate program, and as such may have responded favorably to the survey. However, using snowball sampling which is a non-probability technique also has its benefits. Using this method, allows for the sample size to build up to where enough data is gathered and can be useful for research. This technique is often used in hidden populations which are difficult for researchers to access such as the “Participants in the Title IV-E program” that were used in this study.

In addition, this study also used convenience sampling to recruit participants therefore making it possible for this to be seen as biased due to the researcher choosing a sample in a non-random way and one that was readily available. Furthermore, having used graduate social work students at California State University, Sacramento as a sample population can produce a biased sample of people who will likely have similarly strong opinions as the researcher who is also a student at the same school and in one of the selected specializations in this study. The basis of this makes this a potential research bias and limitation for this study. Due to the fact that the researcher used anonymous surveys and was not present during the time that the surveys were being filled out, this

possible bias can be eliminated since the researcher could not identify and left the classroom after providing the consent forms and surveys to the participants.

The sample size, although acceptable, was relatively small. A larger sample size could have been more significant to the findings of this study if each specialization added up to the same or similar numbers of participants. In addition, the researcher had difficulty locating and recruiting students who were a part of the Title IV-E program.

The chosen specializations themselves could also be viewed as a limitation due to the researcher not including all of the specializations offered in the Masters of Social Work program at Sacramento State. Only two of three specializations were taken into account for in this study, Title IV-E is a program within one of the two specializations and is not considered a specialization in itself. This research focused on two of the three offered specializations at California State University, Sacramento and only recruited MSWII students as research subjects. Therefore, due to the limited possibility of results being generalized to other specializations and the absence of self-care perceptions of first year social work graduate students, there could have been more significant findings if all these would have been considered for this study.

In addition, the sample size of those in the Title IV-E program was relatively small considering that they were one of the target populations in this study. The survey used in this study could also be considered a limitation due to the fact that the questions within the survey could have inquired more in depth about stress levels and specific questions relating to the issue of stress, burnout and self-care practices. The data collection instrument used for this study did not provide a large enough space for

participants to express their opinions. The survey could have incorporated additional questions with self-identifiable responses and been more qualitative in nature. Only one question within this study allowed for the participant to incorporate their written responses, making this an additional limitation to this study.

Recommendations

The researcher recommends a self-care course or workshop to be incorporated within the graduate social work curriculum as well as for departments at Universities offering a social work program, to provide therapy services or support groups that are specific to the graduate social work students. Although most Universities already offer some form of therapeutic services to their students, this recommendation is based on the difficulty that students have in receiving services due to the high number of students and limited resources to cover the high demand.

In addition, the researcher has three recommendations for future researchers; an increase in sample size, a more diverse sample, and a study where both MSW1 and MSW11 are a part of the sample and targeted population. The more research we have on this topic; the more awareness it will raise on the importance of implementing self-care by way of a workshop or course within social work programs at the University level.

Conclusion

This literature reveals that the effects of burnout can drastically affect the physical, and emotional health of social workers. Although this study focused on the self-care practices among graduate social work students, the findings within the literature lead to

the understanding of the importance of promoting self-care in all aspects of life, beginning at the University level and on into one's career.

The researcher's hypothesis at the beginning of this study was that students in the Title IV-E sub specialization within Children and Families specialization practiced more self-care than students in the Behavioral Health Specialization. The researcher's hypothesis was supported. When asked whether they thought that they practiced enough self-care, more participants within the Title IV-E sub specialization answered "strongly agree," that they practiced enough self-care, whereas those in the Behavioral Health specialization identified with "Strongly Disagree" more than those in the Children and Families and Title IV-E programs. The finding of this study and the literature support the need for both burnout prevention and recovery intervention.

This study also shows that having the support of employers in the workforce who encourage their staff and promote self-care can reduce stress and burnout for employees and therefore become more practical with their clients. Having staff well prepared for what this profession may encounter in regards to stress can also minimize social worker turnover. By incorporating self-care into policies and procedures of social service agencies, then self-care care can be accepted and practiced.

Several studies have revealed that both personal characteristics and work environment factors affects social worker burnout. Agency managers and supervisory staff should pay special attention and give importance to this issue as employee's personal troubles can eventually become agency problems. When staff members are overworked or having symptoms of burnout, it can reduce agency effectiveness and limit

workers' abilities to deliver adequate and quality services and therefore negatively affect the agency as well.

Social services agencies would be well served if they take action to diminish the possibility of burnout in employees. If agencies incorporate practices and professional trainings as well as maintain an open space for staff to turn to for support, then this could lead to better support of clients and improve agency functioning. Although the addition of training and programs can be expensive, management should consider the cost effectiveness of these programs as self-care has been shown to significantly reduce burnout (Acker, 2003). If burnout can be reduced, this will be beneficial to the agency and will likely reduce turnover rates as well as save agency revenues in the long run.

Appendix A
SURVEY

**Self- Care practices among the behavioral health specialization and title IV-E
MSW II students at California State University, Sacramento.**

Please check all that apply.

Age: >25 25-35 36-46 <47

Race: African American Asian/ Pacific Islander Caucasian
 Hispanic/Latino Native American/American Indian Two or More
Races

Gender: Female Male Non- binary Transgender
 Prefer not to Answer

Specialization: Behavioral Health Children and Families Title IV-E

How many units are you currently taking? 10 Units 13 Units
16 Units

What days of the week are you on campus for classes? Monday Tuesday
 Wednesday Thursday Friday Saturday Sunday

What is your definition of self-care?

What are your self-care practices?

Reading Writing Yoga Meditation Therapy
 Date Nights Recreational drugs Alcohol Sleeping/Naps
 Music Social Media Eating Cooking Driving
 Praying

Other: _____

Other: _____

Do you think that you practice self-care enough?

Strongly Agree Agree Neither
 Disagree Strongly Disagree

Appendix B
INFORMED CONSENT

***Self- Care practices among the behavioral health specialization and title IV-E
MSW II students at California State University, Sacramento.***

You are invited to participate in a research study which will involve MSW II students within the Behavioral Health specialization and the Title IV-E specialization. My name is Marisol Ortiz, I am an MSW II student at California State University, Sacramento, Social Work department. The purpose of this research is to analyze the different forms of self-care practices among the two specializations stated above.

If you decide to participate, you will be asked to complete an anonymous survey that has been attached. Your participation in this study will 10-15 minutes, depending on how long it may take you to complete the survey. Risks associated with this study are not anticipated to be greater than those risks encountered in daily life.

Your participation in this project is voluntary. You have the right not to participate without penalty or loss of benefits to which you may otherwise be entitled. You may withdraw your participation at any time before submitting the survey, but after submission there will be not be a confidential way of removing your survey from the study. Fortunately, the survey is not requiring any identifying markers and will not put any participants in danger of being identified.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Measures to insure your confidentiality are that all original documents and data pertaining to this study will be locked inside of a filing cabinet, inside of our office. The only people that will access to the room and filing cabinet will be the study researchers, Marisol and Yuriko and our project advisor, Dr. Price Wolf . Data will be kept for three years in a locked and confined space which only the researchers of this study will have access to.

If you have any questions about the research at any time, please contact me by e-mail. If you have any questions about your rights as a participant in a research project please call the Office of Research Affairs, California State University, Sacramento, (916) 278-5674, or email irb@csus.edu.

Your participation in this study indicates that you have read and understand the information.

Appendix C
EMAIL TO PROFESSORS

Good afternoon professor _____,

I wanted to see if there was a possibility for me to come in to your classroom and give an informational presentation regarding my research study. I would also like to pass out informed consent forms and surveys to the students that are interested in participating.

I was hoping that we could schedule a 15-minute session either during the first or second week of next semester?

I am turning in the IRB application on December 2nd and would greatly appreciate a response as soon as possible.

Thank you for your time.

Best,

Marisol Ortiz, MSW II student

References

- Acker, G. (2003). Role conflict and ambiguity: do they predict burnout among mental health service providers? *Social Work in Mental Health, 1*(3), 63-80.
- Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry, 76*(1), 103–108. <https://doi.org/10.1037/0002-9432.76.1.103>
- Anderson, D. G. (2000). Coping strategies and burnout among veteran child protection workers. *Child Abuse & Neglect, 24*(6), 839–848. doi: 10.1016/s0145-2134(00)00143-5
- Anne, S. (2014). Burnout: Recognize and Reverse. *Otolaryngology–Head and Neck Surgery, 151*(1), 4–5. <https://doi.org/10.1177/0194599814534592>
- Bride, B. E. (2007). Prevalence of Secondary Traumatic Stress among Social Workers. *Social Work, 52*(1), 63–70. doi: 10.1093/sw/52.1.63
- Brotheridge, C. M., & Grandey, A. A. (2002). Emotional Labor and Burnout: Comparing Two Perspectives of “People Work.” *Journal of Vocational Behavior, 60*(1), 17–39. doi: 10.1006/jvbe.2001.1815
- Collings, J. A., & Murray, P. J. (1996). Predictors of Stress Amongst Social Workers: An Empirical Study. *British Journal of Social Work, 26*(3), 375–387. doi: 10.1093/oxfordjournals.bjsw.a011101
- Cox, K., & Steiner, S. (2013). *Self-care in social work: a guide for practitioners, supervisors, and administrators*. Washington, DC: NASW Press.

- Diaconescu, M. (2015). Burnout, Secondary Trauma and Compassion Fatigue in Social Work. *Social Work Review / Revista de Asistentă Socială*, 14(3), 57-63
- Dziegielewski, S. F., Turnage, B., & Roest-Marti, S. (2004). Addressing Stress with Social Work Students: A Controlled Evaluation. *Journal of Social Work Education*, 40(1), 105–119. <https://doi.org/10.1080/10437797.2004.10778482>
- Grise-Owens, E., Miller, J., Escobar-Ratliff, L., & George, N. (2017). Teaching Note—Teaching Self-Care and Wellness as a Professional Practice Skill: A Curricular Case Example. *Journal of Social Work Education*, 54(1), 180–186. doi: 10.1080/10437797.2017.1308778
- Greene, R. R. (2008). *Human Behavior Theory and Social Work Practice* (3 edition). New Brunswick, N.J: Aldine Transaction.
- Hall, A. M. (2015). *Self-care and spirituality*, Retrieved from <http://hdl.handle.net/10211.3/139516>
- Hutchison, E. D. (2017). *Essentials of human behavior: integrating person, environment, and the life course*. Thousand Oaks, CA: SAGE Publications, Inc.
- Bright, J., Clow, A., & Jones, F. (2003). *Stress: myth, theory and research*. Harlow: Prentice Hall.
- 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. doi: 10.1093/sw/56.3.258
- Kulkarni, S., Bell, H., Hartman, J. L., & Herman-Smith, R. L. (2013). Exploring Individual and Organizational Factors Contributing to Compassion Satisfaction,

Secondary Traumatic Stress, and Burnout in Domestic Violence Service Providers. *Journal of the Society for Social Work and Research*, 4(2), 114–130.
doi: 10.5243/jsswr.2013.8

Lee, J. J., & Miller, S. E. (2013). A Self-Care Framework for Social Workers: Building a Strong Foundation for Practice. *Families in Society: The Journal of Contemporary Social Services*, 94(2), 96–103. doi: 10.1606/1044-3894.4289

Lloyd, C., & King, R. (2004). A survey of burnout among Australian mental health occupational therapists and social workers. *Social Psychiatry and Psychiatric Epidemiology*, 39(9), 752–757. doi: 10.1007/s00127-004-0808-7

Magennis, Rachel & Smith, Deborah. (2005). All Used Up: Factors Associated with Burnout Among Missouri Social Service Workers. *Missouri Electronic Journal of Sociology: The Official Journal of the Missouri Sociological Association*. 5. 1-33.

Maslach, Christina & Jackson, Susan & Leiter, Michael. (1997). The Maslach Burnout Inventory Manual.

McGarrigle, T., & Walsh, C. A. (2011). Mindfulness, Self-Care, and Wellness in Social Work: Effects of Contemplative Training. *Journal of Religion & Spirituality in Social Work: Social Thought*, 30(3), 212–233. doi:
10.1080/15426432.2011.587384

Munson, C. E. (1984). Stress Among Graduate Social Work Students: an Empirical Study. *Journal of Education for Social Work*, 20(3), 20–29

Olvera, S. M. (2011). Stress and self-care among graduate social work students.
Retrieved from <http://scholarworks.calstate.edu/handle/10211.9/1101>

- Offstein, E. H., Larson, M. B., McNeill, A. L., & Mwale, H. M. (2004). Are we doing enough for today's graduate student? *International Journal of Educational Management, 18*(7), 396–407. doi: 10.1108/09513540410563103
- Parlalis, S. K., & Christodoulou, P. (2017). Social welfare services staff burnout in Cyprus: Who is responsible? *International Journal of Social Welfare, 27*(3), 248–257. doi: 10.1111/ijsw.12297
- Poulin, J. E., Walter, C. A. (1993). Burnout in Gerontological Social Work, *Social Work, 38*(3), 305-310, <https://doi.org/10.1093/sw/38.3.305>
- Rafferty, Y., Friend, R., & Landsbergis, P.A (2001). The association between job skill discretion, decision authority and burnout. *Work & Stress, 15*(1), 73-85
- Richards, K. C., Campenni, C. E., & Muse-Burke, J. L. (2010). Self-care and Well-being in Mental Health Professionals: The Mediating Effects of Self-awareness and Mindfulness. *Journal of Mental Health Counseling, 32*(3), 247–264
- Robotham, D. (2008). Stress among higher education students: towards a research agenda. *Higher Education, 56*(6), 735–746. doi: 10.1007/s10734-008-9137-1
- Sansó, N., Galiana, L., Oliver, A., Pascual, A., Sinclair, S., & Benito, E. (2015). Palliative Care Professionals Inner Life: Exploring the Relationships Among Awareness, Self-Care, and Compassion Satisfaction and Fatigue, Burnout, and Coping With Death. *Journal of Pain and Symptom Management, 50*(2), 200–207. doi: 10.1016/j.jpainsymman.2015.02.013
- Schaufeli, Wilmar & Greenglass, Esther. (2001). Introduction to special issue on burnout and health. *Psychology & health, 16*. 501-10. 10.1080/08870440108405523.

- Shannon, P. J., Simmelink-McCleary, J., Im, H., Becher, E., & Crook-Lyon, R. E. (2014). Developing Self-Care Practices in a Trauma Treatment Course. *Journal of Social Work Education, 50*(3), 440–453. doi: 10.1080/10437797.2014.917932
- Siebert, D. C. (2005). Personal and occupational factors in burnout among practicing social workers: Implications for researchers, practitioners, and managers. *Journal of Social Service Research, 32*(2), 25-44
- Tobin, J. and Carson, J. (1994) 'Stress and the student social worker', *Social Work and Social Sciences Review, 5*(3), pp. 246 -56.
- Travis, D. J., Lizano, E. L., & Mor Barak, M. E. (2016). 'I'm So Stressed!': A Longitudinal Model of Stress, Burnout and Engagement among Social Workers in Child Welfare Settings. *British journal of social work, 46*(4), 1076–1095.
<https://doi.org/10.1093/bjsw/bct205>
- Wright, S. (2013). The differences between stress, burnout and compassion fatigue. *Nursing Standard, 28*(5), 34–35. doi: 10.7748/ns2013.10.28.5.34.s46