

We need to talk about self-care (but not in the way you think)

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ABSTRACT

Self-care is widely acknowledged as crucial in the social work profession. While this area of research has begun to expand in recent decades, there is still much to be explored. Most studies in this field cover issues like the types and frequency of self-care engaged in, how to teach it, and how it relates to the prevention of issues like burnout. This research brief will review the literature surrounding these important matters, highlighting a gap pertaining to the practical understanding and application of self-care. How do social workers and social work students think and feel about self-care and the way it is currently taught? Do they know how often most of their peers engage in self-care? Do they know how to realistically incorporate self-care into their own lives? This research brief will discuss what is currently known about the answers to these questions, culminating in suggestions for future research and recommendations that will give future social workers realistic expectations and tools with which to enter the field.

KEYWORDS: Self-care; barriers to self-care; macro social work; social work education

Social workers are more likely than many other professionals to face stress, burnout, and vicarious trauma (Cox & Steiner, 2013; Martin et al., 2019). While not often said explicitly, these have become accepted consequences of being a social worker (Beer et al., 2020) and a social work student (Grant et al., 2015). Discussions of self-care in social work have become ubiquitous, yet relevant studies agree that the frequency with which social workers engage in self-care is only limited (Bloomquist et al., 2015) to moderate (Miller, Grise-Owens et al., 2019). The situation is similar for social work students (O'Neill et al., 2019). This is problematic given that the risks associated with social work can contribute to serious negative health outcomes, such as cardiovascular disease (Beer et al., 2020). In this research brief, the current literature will be reviewed for what it reveals about the frequency and methods which social

workers and students are engaging in self-care and about what some of the benefits of and barriers to self-care are for these populations. Through this review, a research gap will be highlighted regarding the thoughts and feelings of social workers and students about self-care. The little existing research in this area will be shared along with ideas for future research and recommendations on changing the way the profession discusses self-care to better acknowledge barriers and further support social workers and students.

Literature Review

Key terms and theoretical framework

Self-care is referred to here as “purposeful actions people and organizations take that contribute to wellness and stress reduction” (Bloomquist, 2015, p. 293). The main guiding

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theoretical consideration is *neoliberalism*, the ideology driving the economic system of capitalism, encouraging profitability and privatisation, and discouraging government intervention (Rogowski, 2018). Neoliberalism has had major impacts on the discussion of self-care in social work such that current discourse is often “marked with themes of self-responsibilization and market-based thinking” (Pyles, 2020, p. 2). Some researchers point to neoliberalism as the primary cause of the societal shift from viewing care for people as a collective duty to viewing it as a problem for individuals (Rogowski, 2018; Stuart, 2021). The result is a hazy picture within social work of what self-care is, how it is facilitated, and what reasonable expectations for oneself might be.

Rates and forms of self-care

Research on social workers’ self-care practices is sparse (Miller, Donohue-Dioh et al., 2019); what studies have been done have found professional social workers practice self-care in only limited to moderate amounts (Bloomquist et al., 2015; Miller, Grise-Owens et al., 2019; Miller, Lee et al., 2019). Similar findings exist for social work students (Diebold et al., 2018).

Examining common types of self-care among professional social workers, a large study by Bloomquist et al. (2015) found physical self-care (e.g., exercise, healthy diet, sufficient sleep), was most common, followed by professional and emotional self-care. Self-care activities social workers engage in frequently include spending time with family and friends, laughing, and casual discussions with colleagues (Bloomquist et al., 2015; Smullens, 2015). Results are similar for social work students, with physical activity being the most prominent type of self-care activity (Moore et al., 2011; O’Neill et al., 2019; Shannon et al., 2014). Some specific common activities include meditation (O’Neill et al., 2019), engaging with children (Moore et al., 2011), and spending time with family and friends (Moore et al., 2011; Shannon et al., 2014). Lastly, it is worth noting that social

workers also engage in what are referred to as *disengaging behaviours* (e.g., substance use and emotional eating) (Beer et al., 2021). Maladaptive coping strategies have been observed in social work students as well (Addonizio, 2011).

Benefits of self-care

The social work literature is growing with data supporting the positive benefits of, and critical need for, self-care in social work. Current studies indicate self-care being associated with prevention of stress, vicarious trauma, and burnout (Cox & Steiner, 2013; Miller et al., 2018; Newell & MacNeil, 2010), with additional benefits including higher levels of compassion satisfaction (Salloum et al., 2015) and job satisfaction (Acker, 2018). Perhaps most importantly, studies have shown a positive association between one’s quality of health and amount of self-care engaged (Miller, Donohue-Dioh et al., 2019; Miller, Lee et al., 2019). As a result of these benefits, self-care’s importance as a preventative measure was added to the National Association of Social Workers’ (NASW) Code of Ethics in 2021 (NASW, 2021) in the United States. With such practices being clearly beneficial, one might wonder what barriers are in the way of implementation.

Barriers to self-care

With the occupational risks and demands of personal and professional lives, what may end up limiting social workers’ and students’ self-care practices is an array of barriers rather than a lack of knowledge of its benefits. As one study put it, many social workers “did not have either the energy, time, or access to utilize these approaches” (Beer et al., 2021, p. 326). While barriers can take many forms, they mainly fall under three umbrella categories: personal/family issues, lack of time, and work/financial issues (Martin et al., 2019). Personal issues are perhaps the most prominent barriers, with health arguably being most vital, especially given that social workers have a

high risk of severe stress and burnout, which can lead to serious health conditions like cardiovascular disease, sleep disturbance, and gastroenteritis (Kim et al., 2011).

Mental health is also a concern, with roughly half of social workers struggling with mental health (Straussner et al., 2018). To make matters worse, getting necessary health care is often difficult, even in developed nations. Combined with the barrier of finances, one in five Americans with incomes matching the average social worker cannot afford to meet their medical needs (Witters, 2021). Moreover, among those who *can* afford care, many still cannot access it. For instance, almost half of New Zealanders wait over a month to see a specialist (World Population Review, 2022) and women in the United Kingdom with suspected ovarian cancer wait an average of 69 days to see a specialist after referral (Target Ovarian Cancer, 2022). Self-care can help ameliorate negative health risks of the profession (Miller, Lee et al. 2019); however, when one is overwhelmed by a stressful job, serious health issues, and a lack of access to health care, it can be difficult to break out of cycles of poor (or absent) self-care.

Regarding work barriers, Smullens (2015) found a lack of organizational support and lack of appropriate environment for self-care practice to be prominent concerns. As an example of family issues and time constraint barriers, Xu et al. (2019) found social workers (women) in their 30s–50s often bear major, family-related responsibilities in addition to professional ones, noting this could contribute to the lack of energy and time needed to engage in self-care. These family and work barriers are echoed by others in the field, with some explicitly noting that many social workers put others before themselves (Jackson, 2014; Smullens, 2015).

Social workers' and students' perceptions of self-care

Research on self-care in social work, specifically on the relevant thoughts and

feelings of social workers and students, is extremely minimal. The consensus from these studies seems to be that social workers do value self-care (Beer et al., 2021; Bloomquist et al., 2015; Newcomb et al., 2017) but, as noted earlier, are only able to engage in a limited to moderate capacity. Students also appear to value self-care (Diebold et al., 2018) and believe stress management should be a part of social work programmes (Addonizio, 2011); however, as discussed earlier, like social work professionals, they are only able to engage in moderate capacities. Thankfully, teaching self-care in social work programmes can positively impact post-graduation self-care practice (Grise-Owens et al., 2018). A student of one such programme remarked, “[Self-care assignments] made me remember to care for myself and that I am worth caring for” (Grise-Owens et al., 2018, p. 184). However, it is much more common that social work students neither feel they understand how to incorporate self-care into their lives (Griffiths et al., 2019; Moore et al., 2011) nor feel their social work programmes adequately prepared them to do so (Newcomb et al., 2017).

Discussion

There are calls for social work education to emphasise teaching of self-care (Straussner, 2018) and to encode it in educational accreditation standards (Diebold et al., 2018; Grise-Owens & Miller, 2021), but the profession also needs to change the way it talks about self-care. While working to raise awareness of the need for self-care and its various forms is a worthy goal, this writer would like to see great care taken in the way it is achieved. As mentioned earlier, many social work students do not feel prepared to engage in self-care activities in their own lives (Griffiths et al., 2019). This is consistent with research showing more training in this matter is needed (Pack, 2015; Moore et al., 2011; Shannon, 2014). All of this is problematic given that, anecdotally, an undercurrent has begun to spread among

social workers and students who feel self-care has become yet another chore, one that is often not feasible to accomplish. There has been little research examining social worker and student perspectives on self-care, but one small study did summarise this trend well: “Students seemed to have found self-care important, but an atmosphere of resignation among them suggests that self-care is also lofty and somewhat unattainable” (Diebold et al., 2018, p. 664).

Recommendations

Some relevant recommendations from research regarding raising the awareness and utilisation of self-care practice in social work and social work education include the following: highlighting skills that can be used in real-world settings (Lewis & King, 2019), inquiring about student stressors and how they cope (Addonizio, 2011; Lewis & King, 2019), acquainting students with self-care as early as their programme orientation (Grise-Owens et al., 2018), placing relevant assignments in practice and field classes (Newell & Nelson-Gardell, 2014; Grise-Owens et al., 2018; Moore et al., 2011), having whole credit-bearing and/or required courses on self-care (Greene et al., 2017; Miller, 2020), augmenting supervisory relationships and requirements to enhance the quality of the supervisory relationship (Aotearoa New Zealand Social Workers’ Association, 2013, as cited in Pack, 2015; Pack, 2015), and having students form accountability check-in groups (Clemans, 2011; Grise-Owens et al., 2018). It would also be beneficial to have social workers and students create unique self-care plans for themselves (Eaves, 2018; Grise-Owens et al., 2016; Grise-Owens et al., 2018; Lewis & King, 2018; Lynch et al., 2021; Miller, 2020). Lastly, creating a depository of information (Butler, n.d.) may be helpful for exposure to a variety of tools to pull from.

While teaching specific self-care methods is an excellent idea, the conversation could be expanded to include thoughts and feelings

about self-care, the barriers to it, the strong possibility that many social workers and students will not fulfill all their self-care needs, and how to do the best one can with their available resources. Additionally, it would be helpful to discuss the many risks of the profession before moving on to self-care (Newell & Nelson-Gardell, 2014; Xu et al., 2019). This is not with the intention to scare, but rather to prepare. Schools of social work have an ethical responsibility to provide tools and frameworks preventatively, lest, as is all too common, students receive rude awakenings upon entering the field (Grise-Owens & Miller, 2021). These steps would provide context regarding what current research shows about how much social workers are engaging in self-care in the real world so social workers and students may feel less isolated and more informed of these matters.

Further research

Research on self-care in social work has grown substantially in recent decades, but there is room—and need—for more. For example, little research has been done regarding self-care of social work students (Pyles, 2020), which is concerning, given how one study found the highest levels of mental health problems are among social workers aged 21–39 (Straussner et al., 2018). As a social work educator, this writer is interested in seeing more research conducted around social work students’ thoughts and feelings about self-care and is currently planning a study along these lines. Anecdotally, I have found that many social workers and social work students often feel shame and inadequacy as a result of being unable to maintain their needed levels of self-care. This writer is interested in exploring this further and creating interventions to help alleviate these challenging feelings. Finally, the participants in many of the current studies on self-care in social work primarily consist of white women (Griffiths et al., 2019). Steps should be taken to achieve more diversity among future study participants – and

attempt to explore how self-care varies in different ages, races, regions, and cultures – to make findings and recommendations more widely generalizable.

Conclusion

Social workers are still figuring out how to adequately care and advocate for themselves in a world where their value is not always meaningfully demonstrated. This research brief has shared the current literature's consensus that self-care is valued by those in the field but is being practised in only limited to moderate capacities, with the barriers in the way of self-care being vast. The goal to get social workers and social work students further engaged in self-care is an important one. Yes, the profession must continue to talk about self-care, its many forms, its value, and its necessity, but it must do so while addressing that this is not happening for many social workers and students, that many barriers may prevent full engagement in self-care, and explore what the systemic reasons are for this. It would behoove the profession to better equip itself, especially its students preparing to enter the field, with realistic expectations and concrete tools to combat these challenges. Social workers and students have enough obstacles; the way the profession talks about self-care should not be one of them.

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