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Exploring Social Workers and Self-Care

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This is to certify that the doctoral study by

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Walden University
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Abstract

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by

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MSW, University of Connecticut, 2014

BA, University of Connecticut, 2012

Project Submitted

of the Requirements for the Degree of

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Abstract

First responder social workers are exposed to a stressful work environment, which puts them at risk for burnout. Burnout increases turnover rates, which negatively impacts both social workers and the clients they serve. The use of self-care practices mitigates the harmful effects of burnout. Because first responder social workers in southern California have an average turnover rate of 6 to 12 months after hire, this study explored southern California first responder social workers' experiences with self-care practices. A basic qualitative design using semistructured interviews was applied through the purposeful sampling of eight first responder social workers. The study was grounded in Orem's theory of self-care. The findings highlighted that first responder social workers were aware and knowledgeable about self-care. First responder social workers experienced numerous benefits, including burnout prevention, improved ability to manage stress, and increased work performance with the utilization of self-care practices. Participants also faced challenges with regularly utilizing self-care practices that resulted in impaired functioning. This study will inform positive social change as it identified the challenges faced by first responder social workers in using self-care practices and offered possible solutions.

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Section 1: Foundation of the Study and Literature Review

Introduction

Social workers are the largest mental health service providers group, with expected job growth of 16% by 2026 (National Association of Social Workers [NASW], 2020). Although the social work profession is rewarding and fulfilling in many ways (Wilson, 2016), social workers also face many demands and challenges related to the populations they serve and their work environment (Senreich et al., 2020). Social workers help vulnerable populations cope with many problems (Bae et al., 2020) and witness emotional distress and suffering (Shepherd & Newell, 2020). Social workers also often face challenges due to limited resources and funding constraints (Imboden, 2020). Research shows that the combination of these stressors puts social workers at greater risk for job-related stress (Travis et al., 2016). Job-related stress occurs in varying levels of severity, and 31% of social workers report experiencing moderate levels of workplace stress, and 20% of social workers report severe workplace stress (Senreich et al., 2020). Workplace stress contributes to adverse outcomes such as burnout (Gómez-García et al., 2020) and high turnover rates (Geisler et al., 2019), which lead to reduced quality, consistency, and stability of services provided to clients (Itzick & Kagan, 2017).

Burnout is a response to chronic emotional and interpersonal stressors in the workplace (Maslach & Jackson, 1981). It has negative implications for social workers and the quality of services they provide to clients (Glennon et al., 2019). Burnout is a gradual process, and individuals are often unaware that it is occurring, as its symptoms can be mistaken for other physical or mental health issues (Wardle & Mayorga, 2016).

The physical component of burnout presents symptoms such as chronic physical fatigue (Diaconescu, 2015), headaches, muscle tension, or sleep disturbances (Wardle & Mayorga, 2016). Burnout also has a psychological component that presents as chronic emotional fatigue or diminished enthusiasm (Diaconescu, 2015). The symptoms of burnout leave social workers feeling depleted due to personal resources being overtaxed in the workplace (Lizano & Sapozhnikov, 2018) and develop into irritation and reduced empathy and compassion towards clients (Diaconescu, 2015). Burnout also increases cynicism and reduces the social worker's feelings of accomplishment in their job (Lizano & Sapozhnikov, 2018).

Burnout is a common phenomenon within the helping profession, and approximately 33% of social workers experience burnout (Gómez-García et al., 2020). First responders are a subgroup of social workers who are particularly at risk for burnout (Pike et al., 2019). First responder social workers are exposed to routine stress and high-risk situations as part of their daily line of work (Antony et al., 2020), with over 80% of all first responders experiencing traumatic events as part of their job (Klimley et al., 2018). First responder social workers who experience burnout suffer multiple adverse outcomes and face challenges in providing quality client services (Brown et al., 2019). However, findings show that self-care counteracts the harmful effects of job stress and burnout within the helping profession (Collins, 2021), improves job satisfaction, and decreases turnover rates (Acker, 2018). Self-care is an integral part of social work practice as it has been shown to lower burnout levels and directly impact the quality of services provided (Lewis & King, 2019; Xu et al., 2019). When practiced routinely, self-

care positively impacts social workers' personal and professional well-being by reducing stress (Rupert & Dorociak, 2019). Although self-care has many positive effects on social workers, research indicates that self-care is misunderstood and underutilized within the social work profession (Miller et al., 2019).

The research and focus of this project are divided into three major sections. The first section or the Foundation of the Study and Literature Review includes the following: Problem Statement, Purpose and Research Questions, Nature of Doctoral Project, Significance of the Study, Theoretical/Conceptual Framework, Values and Ethics, Review of the Professional and Academic Literature, and a Summary. The second section, or the Research Design and Data Collection, includes the following sections: Research Design, Methodology, Data Analysis, Ethical Procedures, and a Summary. The third section or the Presentation of the Findings includes the following: Data Analysis Techniques, Findings, and a Summary.

Problem Statement

First responder social workers are at risk for burnout due to the high stress associated with the nature of their job (Antony et al., 2020) and the cumulative effects of exposure to trauma (Lawn et al., 2020). Burnout negatively impacts social workers, clients, and organizations by contributing to higher turnover rates (Westwood et al., 2017). Using self-care lowers burnout rates and reduces the stressors associated with the helping profession (Xu et al., 2019). Self-care use decreases turnover rates related to burnout (Acker, 2018).

First responder social workers in southern California were observed to undergo numerous job-related stressors due to the nature of their work. First responder social workers provide direct crisis intervention in a fast-paced and unpredictable work environment throughout their communities. The shift schedules are demanding as emergency services are needed at all times of the day and night, and rigorous documentation protocols are required following every client interaction. First responder social workers interact with high-risk clients with severe mental illness who experience acute psychosis and/or suicidal and/or homosocial ideation, including attempted suicides and death by suicide. Clients also exhibit acute symptoms of substance use disorders in which first responder social workers are exposed to overdoses or erratic and unpredictable behaviors due to substance use. Due to the acuity of mental health and substance use symptoms and, at times, other contributing factors such as intellectual disabilities or cognitive impairments related to dementia or Alzheimer's, clients often present as agitated and display hostile, threatening, or violent behaviors putting first responder social workers' safety at risk.

A local organization in southern California that employs first responder social workers has a documented turnover rate of 6 to 12 months from the hire date. Findings show the presence of burnout increases the risk for turnover rates and influences professionals to leave their job (Moss et al., 2016). Professionals who experience burnout are twice likely to leave their position within the first 2 years (Hamidi et al., 2018). Burnout and its adverse effects, such as turnover rates, can be reduced using self-care practices (Acker, 2018; Simionato et al., 2019; Xu et al., 2019). It is unknown if first

responder social workers in southern California are utilizing self-care practices, given their high potential for burnout due to the inherent job-related stressors and documented turnover rates.

Purpose Statement

Self-care is an integral part of the social work profession and the delivery of quality services to clients (Lewis & King, 2019), as its use reduces the negative effects of burnout (Rupert & Dorociak, 2019). First responder social workers face many job-related stressors that increase their risk for burnout (Gómez-García et al., 2020). But there is not enough information about how this group of social workers identifies self-care practices or if such practices are utilized to address the potential burnout risk associated with this type of work. This study aimed to identify how southern California first responder social workers describe their experiences with self-care and increase the understanding of the utilization of self-care practices within this group of social workers. A greater understanding of self-care and its use within social work practice will directly impact client care and the quality of services provided to clients, as self-care use mitigates the adverse effects of burnout (Xu et al., 2019).

Research Question

How do southern California first responder social workers describe their experiences with self-care?

Definitions of Key Terms

Behavioral health emergency: A state of crisis in which an individual is at an increased risk for harm to self or others due to a mental health or substance use disorder (NAMI, 2018).

Burnout: A response to chronic emotional and interpersonal stressors in the workplace (Crowder & Sears, 2017), which results in emotional exhaustion, depersonalization, and poor personal accomplishment (Maslach & Jackson, 1981).

First responder: Helping professional who responds to emergencies and provides critical care (Klimley et al., 2018).

Self-care: A set of practices, strategies, and tools that aims to reduce the impact of stress and promote well-being (Glennon et al., 2019).

Nature of the Study

I used a basic qualitative study to explore the self-care practices of first responder social workers. I used purposeful sampling to select eight first responder social workers who are currently employed in this role at a local organization in southern California. Interviewing first responder social workers who are currently active in this role gave insight into the actual experiences of self-care practices for this specific group of social workers.

I contacted the program director of the local organization that employs first responder social workers to inquire if my letter of invitation can be shared with current employees who meet the criteria for the study. The program director agreed to disseminate the information about my study to current employees. I asked him to email

all active first responder social workers the letter of invitation to participate in the research study. The letter included information about the study and instructions for interested participants to contact me directly. I followed up with each social worker who expressed interest and provided them with informed consent via email. The data were collected using semistructured interviews as this format allowed first responder social workers to describe their experiences with self-care. The interviews were transcribed verbatim, and inductive coding was used to identify themes to develop answers to the research question.

Significance of the Study

First responder social workers serve on the front lines and respond to mental health emergencies to ensure the safety and well-being of others. The job comes with many risks and exposes first responder social workers to high levels of stress and burnout. The use of self-care counteracts the adverse effects of burnout (Collins, 2021). It creates positive outcomes for social workers and their clients (Cuartero & Campos-Vidal, 2019) by maintaining social workers in the workplace and ensuring consistent quality care for their clients (Bloomquist et al., 2015).

This study enhances knowledge about first responder social workers and their self-care practices by identifying how first responder social workers describe their experiences with self-care. This study also provides information about first responder social workers' participation in self-care practices and their perception of potential benefits and challenges of self-care use. Promoting well-being through increased knowledge about self-care is significant because well-being is essential to fulfilling the

social worker's duties, responsibilities, and ethical obligations in providing quality care to clients.

Theoretical/Conceptual Framework

The theory that guided this study is Orem's theory of self-care (Orem, 1991). Orem's theory of self-care describes self-care as a process of deliberate action to regulate human functioning and promote well-being (Hartweg & Pickens, 2016). The theory assumes that human beings have the potential and ability to learn self-care to meet their needs of self-maintenance and self-regulation (Younas, 2017). Orem (1991) referred to the term *self-care agency* as one's ability to engage in self-care given personal factors and available resources. Learned self-care is deliberate and purposeful and requires the individual's physical and intellectual development to be present and operable (Hartweg, 1991). For self-care to be performed, the individual must first have knowledge of the action and its relationship to promoting well-being (Hartweg, 1991). If an individual's demand for self-care is higher than their ability to achieve it, the person falls into a self-care deficit (Orem, 1991). The goal is to increase self-care and self-care agency related behaviors and decrease behaviors or barriers that promote self-care deficits (Orem, 1991). Assessing self-care deficits is an essential step to increasing self-care and proper functioning (Orem et al., 2003).

When social workers do not engage in self-care or reach a self-care deficit (Orem, 1991), proper functioning is disrupted (Orem et al., 2003), creating negative implications for the social worker and the client. Given that social workers' ability to function directly impacts client care (Rupert et al., 2015), understanding the self-care deficits can be of

value to the social work practice. Awareness of the reasons as to why the deficits are present has the potential to increase self-care and support the social worker to return to healthy functioning (Orem et al., 2003).

Values and Ethics

The NASW Code of Ethics (2021) states that the primary mission of the social work profession is to enhance human well-being, which is rooted in a set of core values. The NASW Code of Ethics (2021) values that most closely align with the current social work problem and research project include service and integrity. The value of service focuses on the social worker helping people in need and addressing social issues (NASW, 2021). To help others, social workers have an ethical obligation to address the problems that may jeopardize their professional judgment and performance to provide quality services and care to their clients (NASW, 2021). The value of integrity stresses the importance of social workers taking measures to care for themselves professionally and personally to provide services consistent with ethical standards and practices (NASW, 2021). Section 4.05 further elaborates on the issue of impairments and instructs social workers facing difficulties that interfere with their professional judgment and performance to take appropriate action steps to protect clients (NASW, 2021). The Code of Ethics (2021) includes specific examples to remedy impairments, such as seeking consultation and professional help and any other action steps necessary to protect clients.

Self-care for social workers is integral to professionalism (Lewis & King, 2019). It is tied to delivering quality services, a core value of NASW Code of Ethics. The client is at risk if social workers experience an impairment such as burnout and continue to

work without addressing the issue (Barsky, 2015). Social workers can unintentionally negatively impact the people they serve without addressing possible impairments and taking responsibility for personal wellness within the profession. To provide the core ethical values of service and integrity, social workers must address self-care as their well-being and level of functioning impact the quality of client services (Willis & Molina, 2019).

<div align="center">**Review of Professional and Academic Literature**</div>

In this section, I review the literature on self-care and burnout in the field of social work, first responders, and other helping professions. The literature was accessed through the Walden University Library and Google Scholar. The databases used to obtain all relevant literature on this topic included SocINDEX with Full Text, Social Work Abstracts, Science Direct, SAGE Journals, PubMed, and PsychINFO. The keywords used to obtain journal articles had a combination of the following, *self-care* or *self-management* or *stress management* or *self-care strategies* or *psychosocial well-being*, and *social worker* or *counselor* or *mental health professional* or *therapist* or *psychotherapist* or *health professional*, or *first responders* or *firefighters* or *paramedics* or *police* or *emergency services* or *ems* and *burnout* or *stress* or *occupational stress* or *job stress* and *turnover* or *intention to leave* or *intention to quit*. The search parameters included full text, peer-reviewed scholarly journals published in the last 5 years or 2015 to 2020. Earlier research was also included for historical context related to constructs of burnout.

Social Work Practice

The social work profession focuses on helping people solve and cope with problems in various settings (U.S. Bureau of Labor Statistics, 2020) and spans a wide range of activities. Although some social workers work in a specialization area with a specific population or setting (NASW 2022), all social workers must take on multiple roles and responsibilities as part of their profession (Parlalis & Christodoulou, 2018). Social workers navigate stressful work environments with high demands and limited resources (Bae et al., 2020). The work environment is often unpredictable (Cook, 2020) and poses safety risks for social workers (Mavridis et al., 2019) as some clients engage in hostile, threatening, or violent behaviors (Hunt et al., 2016). Other stressful and emotionally demanding aspects of social work practice include caring for clients with severe mental illness who are at high-risk for chronic suicidal ideation or self-harm behaviors (Just et al., 2021). These clients can also experience homicidal ideation or aggression toward others, including aggression toward the social worker (McCormack et al., 2018). Clients with co-occurring disorders carry the additional risk of chronic relapse and overdoses (Gutierrez et al., 2019). Social workers also care for clients with chronic health issues and other co-morbidities and must navigate the stressors of working in managed care environments (Yi et al., 2019). End-of-life care and the death and dying-process require social workers to guide clients and their families through the complexities of grief and bereavement issues (Yi et al., 2018).

In addition to the emotionally taxing demands of client care, social workers face stressors of high demands related to high caseloads and limited resources and support

(Bae et al., 2020; Barck-Holst et al., 2021). High caseloads increase stress levels and contribute to burnout by limiting the social worker's available time (Barck-Holst et al., 2021). Time constraints make it difficult for social workers to address client needs and meet deadlines for other tasks and responsibilities (Barck-Holst et al., 2021), such as navigating the process of seeking reimbursement from insurance (Hammond et al., 2018) and completing timely documentation (Mavridis et al., 2019). High caseloads also impact social workers in supervisory roles by limiting time for support and supervision of other social workers (Barck-Holst et al., 2021). The lack of support and supervision is common (Fleury et al., 2017), as 32% of health care social workers report no supervision at their workplace (Yi et al., 2018). Lack of supervision in the workplace elevates stress levels (Antonopoulou et al., (2017) and contributes to burnout rates as high as 38.7% for health care social workers (Kamal et al., 2020). Limited supervision is also common for child and family social workers who report high burnout and turnover rates (Hunt et al., 2016) with less than 2 years of tenure within child welfare organizations in the U.S. (de Guzman et al., 2020).

Social work practice is diverse and presents numerous challenges for social workers, including the risk of job-related stressors and burnout (Owens-King, 2019). The following section will further expand on social work practice and its challenges related to social workers who specialize in first responder work. The roles and responsibilities of first responder social workers will be identified. The specific job-related stressors of first responder work will be addressed, and their connection to burnout will be explained.

First Responders

First responders are paid professionals and volunteers who respond to emergencies and provide critical care (Klimley et al., 2018). The term *first responder* encompasses a wide range of helping professionals, including law enforcement, firefighters, paramedics, dispatchers, mental health professionals such as social workers, and other support personnel (Meckes et al., 2021). First responder social workers often collaborate with other first responders and respond to behavioral health emergencies within the community that involves acute mental illness, substance use, or behavioral disturbances (Fahim et al., 2016). Behavioral health emergencies often involve acute mental health symptoms such as individuals experiencing psychosis, suicidal or homicidal ideation and/or having a plan or attempting to hurt themselves or others (Vanderploeg et al., 2016). Behavioral health emergencies also include individuals experiencing acute symptoms related to substance use, such as erratic behaviors or overdoses, depending on the type of substances involved (Todd & Chauhan, 2021). Both mental health symptoms and substance use can exacerbate behavioral issues and increase the risk for agitation, aggression, or irrational or bizarre behavior that can pose a safety risk for the individual in crisis and others, including those intervening to help (NAMI, 2018).

When working with individuals in crisis, first responder social workers often begin with de-escalation techniques and tactics to calm the distressed individual (Fahim et al., 2016). The first responder social worker uses clinical skills to complete assessments to determine the individual's risk level and the appropriate type of

intervention to ensure safety (Meehan et al., 2019). The first responder social worker refers individuals to the proper level of care and facilities transport to an emergency room or urgent care, crisis beds, or other community resources (Fahim et al., 2016). If the individual is assessed to remain safely in the community, the first responder social worker engages in crisis stabilization and safety planning with the individual and their family (Vanderploeg et al., 2016). The first responder social worker also coordinates care and follows up with the individual's existing providers or places referrals for care to ensure continued treatment following the initial crisis (Vanderploeg et al., 2016).

The nature of first responder work creates high levels of physical and psychological stressors due to dangerous and unpredictable conditions (Afshari et al., 2021). Over 80% of all first responders report experiencing traumatic events (Klimley et al., 2018) and chronic exposure to life-threatening situations (Stanley et al., 2016). Life-threatening situations include exposure to suicide, which encompasses suicidal ideation, suicidal attempts, or death by suicide (Stanely et al., 2016). Exposure to suicide is a significant contributor to psychological stress in first responders (Lyra et al., 2021), mental health symptoms (Hom et al., 2018), and burnout (Sherba et al., 2019). Suicide-related exposure increases first responders' risk for suicidal ideation and suicide (Kimbrel et al., 2016). Depression symptoms are also commonly increased due to suicide exposure (Hom et al., 2018), with a depression prevalence rate of about 14% for law enforcement personnel (Cerel et al., 2019) and about 15% for ambulance personnel (Petrie et al., 2018). Suicide exposure also increases PTSD symptoms (Hom et al., 2018), with varying

prevalence rates from 7–19% for law enforcement personnel and 7–22% for firefighters (Klimley et al., 2018).

Other health problems in first responders include sleep disturbances such as nightmares, insomnia, and decreased sleep quality (Hom et al., 2018; Hruska & Barduhn, 2021). Sleep disturbances are often triggered by exposure to traumatic events (Hom et al., 2018) or result from the challenges of changing shift schedules (Jones et al., 2018). Other health issues, such as high blood pressure and high cholesterol, are also common, along with an increased risk for smoking and/or substance use (Smith et al., 2019). The various stressors of this profession also make first responders vulnerable to burnout (Pike et al., 2019) which is especially dangerous for first responders as it is a significant predictor for diminished safe work practices (Smith et al., 2018).

Burnout

Burnout is a prolonged response to chronic emotional and interpersonal stressors in the workplace (Crowder & Sears, 2017) that occurs gradually and in stages (Maslach & Jackson, 1981). Emotional exhaustion (Maslach & Jackson, 1981), the first stage of burnout, occurs when the social worker experiences feelings of being overwhelmed and worn out by the demands of others (Dungey et al., 2020; Hirst, 2019). Mental exhaustion may appear as cynicism toward the client (Diaconescu, 2015). The social workers may also express emotional exhaustion as boredom or a diminished sense of enthusiasm (Diaconescu, 2015). Other signs may include diminished patience and a reduced level of energy that contributes to poorer listening and communication skills (Salyers et al., 2015). The social worker may also experience increased emotional fatigue or a reduced

ability to express empathy or compassion (Diaconescu, 2015). These symptoms

negatively impact client outcomes by reducing the social worker's ability to form a

therapeutic alliance (Salyers et al., 2015). It is also common for physical symptoms such

as physical exhaustion and pain to appear during this stage (Diaconescu, 2015), with neck

and back pain being the most common physical symptom of mental exhaustion (Kaeding

et al., 2017). Increased physical symptoms, which can also include flu-like and gastro-

intestinal symptoms, sleep deprivation, and insomnia (Yang & Hayes, 2020), is

associated with higher degrees of burnout in health care workers (Chatani et al., 2021).

For instance, nurses who experienced burnout in their early careers reported certain

symptoms of burnout that lasted for years and continued to create problems with

cognitive functions and sleep beyond the first stage of burnout (Rudman et al., 2020).

Depersonalization (Maslach & Jackson, 1981), as defined as the second stage of

burnout, is a way of coping with emotional exhaustion in which the social worker forms

an emotional detachment and indifference towards clients and their work (Dungey et al.,

2020; Larsen et al., 2017). In the context of burnout, outward signs of depersonalization

are often observed by a reduced level of investment in the client and an increase in the

devaluing of clients (Chen et al., 2019; Maslach & Jackson, 1985). Other outward signs

include negative and cynical attitudes toward clients and work (Yang & Hayes, 2020).

Depersonalization impairs the social worker's ability to build rapport and express

empathy with clients, resulting in less effective treatment outcomes (Delgadillo et al.,

2018).

In the third stage of burnout, the social worker experiences a decreased sense of personal accomplishment (Maslach & Jackson, 1981). This reduced sense of personal accomplishment is often accompanied by feelings of inadequacy or professional failure (Dungey et al., 2020). The social worker may also experience low self-esteem and a negative view of self (Yang & Hayes, 2020). These feelings may be expressed in negative attitudes toward clients (Bae et al., 2020), leading to a client's lack of progress (Chen et al., 2019). The effects may also be expressed by spilling over into personal relationships resulting in more fights with a significant other or family (Chen et al., 2019). Other adverse psychological effects experienced by the professional in this stage include depression and anxiety (Tzeletopoulou et al., 2018).

The overall effects of burnout have many adverse effects on both the client and the social worker (Yang & Hayes, 2020). Burnout impacts job satisfaction as higher burnout rates correspond to lower job satisfaction ratings (Delgadillo et al., 2018) and reduced job engagement (Steinheider et al., 2020). Burnout increases the potential for more mistakes (Yang & Hayes, 2020), and nurses with higher levels of burnout reported lower scores related to patient safety and quality of care (Jun et al., 2021). Burnout also reduces productivity and motivation and increases absences (Yang & Hayes, 2020). Burnout is linked to higher staff turnover rates (Westwood et al., 2017) and 40% of nurses who experienced job turnover cited burnout as the main reason for leaving their job (Jun et al., 2021). High turnover rates negatively impact client treatment outcomes (Yang & Hayes, 2020) and reduce the quality of services (Brown et al., 2019). High turnover rates also affect agencies and staff as the added stress, and larger workloads fall

on the remaining staff (Brown et al., 2019). Burnout and high turnover also leave agencies with a loss of knowledge, human capital, and increased financial burdens (Brown et al., 2019).

Risk Factors Contributing to Burnout

Burnout is a phenomenon that occurs over time and results from an extended period of work-related stress (Hammond et al., 2018). Various psychosocial and environmental factors increase one's risk for burnout (Kim et al., 2020). The following section outlines several variables that have been linked to increased burnout in individuals in the helping profession.

Age

Age is a risk factor for burnout, as younger or less experienced professionals are at a greater risk for burnout (Rogan et al., 2019). These professionals are at greater risk due to high personal expectations (Rogan et al., 2019) and greater productivity demands associated with the early phases of their careers (Summers et al., 2020). Younger professionals' limited abilities to deal with the profession's demands (Rogan et al., 2019) and exposure to mentors who are experiencing burnout (Summers et al., 2020) add additional risks. Although older or more experienced professionals may be better equipped to cope with such stressors (McCormack et al., 2018), they also face burnout risk due to the chronic nature of being exposed to work stress (Yang & Hayes, 2020).

Gender

Gender is another risk factor for burnout (Xu et al., 2019). Female professionals are at a greater risk for burnout than males (Cuartero & Campos-Vidal, 2019; Xu et al.,

2019). Female psychiatrists, residents, and early-career psychiatrists are found to be at a

greater risk for burnout due to work and home-life balance challenges (Summers et al.,

2020). Female professionals are at greater risk due to greater responsibilities for family

care, such as caring for children and grandchildren or aging parents (Cuartero & Campos-

Vidal 2019; Xu et al. 2019). Female professionals also face additional gender-specific

stressors, such as the inequality pay gap and experiences with sexual harassment

increasing burnout risk (Summers et al., 2020).

Self-Esteem

Self-esteem, or confidence in one's worth, helps one trust one's thinking and

decision-making (Johnson et al., 2020). Low self-esteem leads to adverse psychological

effects and makes individuals more susceptible to stress (Johnson et al., 2020). Low self-

esteem also decreases an individual's internal resources for coping with stress and leads

to increased burnout symptoms of emotional exhaustion and cynicism (Wang et al.,

2017). Teachers with low self-esteem exhibit more burnout symptoms and a reduced

ability to cope with stressful work environments (Méndez et al., 2020). Healthcare

workers with low self-esteem have burnout rates three times higher than those with a

healthy sense of self-esteem (Johnson et al., (2020).

Maladaptive Coping

Maladaptive coping aims to reduce a negative emotional response when a stressor

is present (Lazarus & Folkman, 1984). Maladaptive coping mechanisms contribute to

burnout as they are associated with behaviors of denial and self-blame as a way to cope

with stress (Dimunová et al., 2020). Maladaptive coping mechanisms include emotional

suppression, which stems from the belief that emotional expression is a sign of weakness (Simpson et al., 2019). Self-blame, or the internalization of stress, is another form of denying one's needs and emotions in times of stress and may lead to behaviors such as poor boundaries or not asking for support when needed (Simpson et al., 2019). Additional avoidance-based maladaptive coping mechanisms include self-distraction and denial, which may present as substance use and addictions (Dimunová et al., 2020). Avoidance-based coping skills predicated burnout in caregivers of adults with disabilities (Nevill & Havercamp, 2019).

Environment

The work environment also plays an essential role in burnout (Parlalis & Christodoulou, 2018). Social workers who do not feel safe from harm in their work environment are at a greater risk for burnout (Senreich et al., 2020). Findings show that social workers who provide in-home visits often face personal safety concerns due to the hazards in this environment (West et al., 2018). Many social workers who do home visits do not have a partner and enter unpredictable environments (Cook, 2020), such as neighborhoods with drug dealing, crime, and gun violence alone (Alitz et al., 2018). Doing so, they risk assault or other reprisal from clients who may be dissatisfied with services (Cook, 2020).

Another aspect of the work environment that plays a role in burnout is feeling valued and supported (Senreich et al., 2020). Social workers who do not feel valued in their workplace (Senreich et al., 2020) or who do not receive support and adequate supervision are at a greater risk for burnout (Parlalis & Christodoulou, 2018). Social

workers in direct practice settings may be particularly vulnerable to burnout when feeling

unsupported or disempowered to act in ways inconsistent with the values and

expectations of the profession (Imboden, 2020). Inconsistency between training and

agency practice leads social workers to leave agencies two to five times more likely

within the first 6 months of hiring (Wilke et al., 2019). Role ambiguity or the discrepancy

between the actual job duties and the social worker's lacking understanding of the

professional roles or misinformation is also linked to burnout (Fye et al., 2020).

Other environmental factors contributing to burnout include a work culture that

lacks ethical standards for client caseloads (Simionato et al., 2019). Simionato et al.

(2019) suggest ethical practices such as identifying an optimal number of client sessions

and the frequency and nature of supervision from a person-centered approach versus an

economic standpoint to prevent burnout. High caseloads and an increasing number of

cases contribute to burnout (Gam et al., 2016) by increasing the social worker's feelings

of emotional exhaustion and depersonalization (Yang & Hayes, 2020). A large number of

cases also create a decreased sense of personal accomplishment (Gam et al., 2016) by

creating excessive demands (McCormack et al., 2018). Excessive demands and limited

supports contribute to high turnover rates (Scanlan & Still, 2019) and burnout (Yang &

Hayes, 2020), often resulting in an over-reliance on new or less experienced social

workers (Antonopoulou et al., 2017). Newly hired social workers who face the stress of

transitioning into a new position coupled with the stress of acquiring a high caseload due

to staff shortages are also more likely to have an early turnover (Wilke et al., 2019) and

experience burnout (Brown et al., 2019). It's important to note that burnout should not be

viewed as a lack of social workers' ability, instead, a sign of a need for change in pace and recuperation (Chen et al., 2019). Burnout is a common experience within the helping profession that can be prevented (Chen et al., 2019) through preventive measures such as self-care (Wilson, 2016).

Self-Care

Self-care is a set of practices, strategies, and tools that aims to reduce the impact of stress and promote well-being (Glennon et al., 2019). Self-care practices help individuals cope more effectively with stress, conflict, and other challenging situations that often arise in a work environment (Keesler & Troxel, 2020). Self-care practices are intentional behaviors that encompass the fundamental needs of an individual (Downing et al., 2021) through a multi-dimensional process (Dorociak et al., 2017) that is individualized to each person's needs (Dalphon, 2019) through several domains (Bloomquist et al., 2015; Dalphon, 2019; Shepherd & Newell, 2020).

Physical Self-Care

The physical domain of self-care is described as actions taken to promote physical well-being (Bloomquist et al., 2015). Activities that promote physical well-being typically include regular exercise, adequate sleep, and a healthy diet (Bloomquist et al., 2015). Regular exercise, even in form of taking walks outdoors, supports one's ability to detach from work-related stressors (Mette et al., 2020). Adequate sleep gives the body time to recover from the day and promotes physical health (Dalphon, 2019). Other activities, such as commitment to eating healthy food, moderating alcohol use (Shepherd

& Newell, 2020), and not utilizing drugs or alcohol as a way to cope with stress

(Dimunová et al., 2020), play an essential role in overall physical health.

Psychological Self-Care

The psychological domain of self-care consists of meeting intellectual needs

through increased self-awareness (Butler et al., 2019). Self-awareness is essential for

reducing burnout (Koh et al., 2020) as it allows professionals to make time and space to

recognize their own needs, shift focus from caring for others, and turn towards engaging

in self-care (Koh et al., 2020). Purposeful reflection (Butler et al., 2019) is often used to

increase self-awareness and endorse healthy decision-making (Bloomquist et al., 2015).

Social workers can engage in self-reflective practices through personal therapy (Bennett-

Levy, 2019) and professional supervision to increase self-awareness by processing

critical incidents and addressing transference and countertransference issues (Burr et al.,

2016). Other self-reflective practices include journaling practices (Bloomquist et al.,

2015) to make sense of one's thoughts and feelings (Carmichael et al., 2020).

Mindfulness practices have also been shown to increase self-awareness (Butler et al.,

2019), promote self-compassion, and reduce stress and burnout (Pintado, 2019).

Emotional Self-Care

The emotional domain of self-care are actions taken to encourage emotional well-

being and mitigate negative emotional states (Butler et al., 2019). Emotional self-care

aims to reduce unhealthy or destructive patterns of coping with difficult emotions, such

as excessive drinking, drug use, smoking, or eating habits, and replace them with

activities that reduce stress while enhancing overall well-being (Butler et al., 2019). Self-

awareness and mindfulness are also helpful strategies in emotional self-care as they help social workers identify and process emotions (Bloomquist et al., 2015; Carmichael et al., 2020). Other common activities that support emotional well-being include spending time and obtaining emotional support from loved ones (Bloomquist et al., 2015). Emotional support from family and friends alleviates negative emotions related to stressful job situations (Mette et al., 2020). It provides a source of encouragement, input, and celebration of successes to alleviate the stress associated with work (Dalphon, 2019).

Relational Self-Care

The relational domain of self-care can be viewed as a subset of emotional self-care, as both are deeply interconnected (Butler et al., 2019). Relational self-care relates to maintaining and enhancing interpersonal relationships, which one can turn to for practical and emotional support (Butler et al., 2019). Relation self-care consists of consciously communicating with family and friends through open and honest communication and setting appropriate boundaries (Dalphon, 2019). These relationships are meant to create a space to decrease stress and improve well-being (Dalphon, 2019). Sustaining such relationships also increases compassion and empathy (Shepherd & Newell, 2020). An important factor for achieving relational self-care is maintaining a home and work-life balance (Koh et al., 2020) through healthy boundary setting with work-related activities to protect time for participation in activities related to spending time with friends, family, and pets (Shepherd & Newell, 2020). This includes limiting checking work phone and e-mails outside of work or when on vacation (Koh et al., 2020).

Spiritual Self-Care

The spiritual domain of self-care focuses on nurturing connections and finding meaning in life (Bloomquist et al., 2015). Spiritual self-care can serve as a buffer when working with trauma and protect from emotional exhaustion and burnout by creating a more profound connection and meaning to life and work (Butler et al., 2019). Spiritual self-care activities include attending religious or spiritual events, praying, and meditation (Bloomquist et al., 2015) to create space for positive self-expression, healing, and self-renewal (Shepherd & Newell, 2020). Spiritual self-care is also practiced through mindful activities that increase a social worker's ability to be more fully present with clients and increase a sense of overall relaxation (Dye et al.,2020). Such spiritual self-care practices are also interchangeable with recreational (Shepherd & Newell, 2020) and radical self-care (Powers & Engstorm, 2020). Recreational self-care activities such as hiking, spending time outdoors and practicing yoga or meditation aim to be a source of healing by creating an opportunity for a deeper connection to the natural environment (Shepherd & Newell, 2020). Radical self-care encompasses traditional spiritual and recreational practices with the use of activism and ecological consciousness to foster a closer relationship with nature and its healing properties to reduce stress and anxiety (Powers & Engstorm, 2020). Examples of such activities include growing organic produce, shopping at local markets, preparing healthy home-cooked meals, and increasing activities that create the opportunity to connect with the natural environment (Powers & Engstorm, 2020).

Professional Self-Care

Professional self-care promotes professional health and competence through various action steps and practices (Bloomquist et al., 2015). One of these practices includes the social worker's use of supervision, as regular supervision reduces the risk of burnout by providing an opportunity for the social worker to address early distress and integrate additional self-care strategies (Hirst, 2019). In addition to supervision, findings show that peer, social and organizational support play an essential role in reducing the risk of burnout by increasing connection and collaboration and reducing feelings of isolation in the workplace (Wymer et al., 2020). Other professional self-care practices involve social workers setting realistic goals and objectives for their workday and prioritizing professional obligations by learning to control one's calendar (Shepherd & Newell, 2020). Social workers can enhance this practice by setting appropriate boundaries with clients and advocating for their needs within the workplace (Bloomquist et al., 2015). Professional self-care activities aim to improve overall functioning, such as increasing work performance and satisfaction, mitigating the risk associated with burnout (Butler et al., 2019), and lowering stress levels (Shepherd & Newell, 2020).

Organizational Self-Care

Organizational self-care stresses the importance of seeking out organizations whose culture, climate, and structure align with the social worker's values, and career aspirations (Shepherd & Newell, 2020), as a supportive work environment reduces burnout symptoms (Wei et al., 2020). A work environment that supports the well-being of professionals includes strong leadership and peer support that recognize and

acknowledges the individual's strengths (Wei et al., 2020). Strong leadership embodies reliability, compassion, and trustworthiness and contributes to a healthy and positive workplace (Wei et al., 2020).

Burnout and Self-Care in Social Work

Burnout is a common phenomenon in social work that threatens to sustain social workers in the workplace (Bressi & Vaden, 2017). Burnout increases social workers' intention to leave a job and contributes to turnover rates (Moss et al., 2016), among many other adverse outcomes. Self-care use is necessary for social workers (Glennon et al., 2019) as it reduces job-related stress and burnout, especially when used proactively (Rupert & Dorociak, 2019). Self-care decreases turnover rates associated with burnout (Acker, 2018) and helps maintain social workers in the workplace (Bressi & Vaden, 2017). Self-care equips social workers to function better within their work environment (Simionato et al., 2019) and influences their ability to provide competent client services (Rupert & Dorociak, 2019).

The literature highlights that self-care use provides many benefits and reduces adverse outcomes of job-related stress and burnout (Coaston, 2017). Although this knowledge is well-known in the field of social work, a lack of self-care education and training in many clinical programs exists (Miller et al., 2017). Findings also show that many mental health professionals and those in training report they do not engage in self-care practices (Nelson et al., 2018), indicating that more research is needed for a better understanding of social workers' experiences with self-care.

Summary

Social workers face many challenges, including burnout (Diaconescu, 2015).
Burnout is linked to many adverse outcomes for social workers and their clients (Glennon
et al., 2019). Although self-care is known to counteract the negative effects of burnout
(Collins, 2021), research indicates there is a continued lack of engagement in self-care
(Nelson et al., 2018), and a gap in the literature exists about the underutilization of self-
care within the social work profession (Miller et al., 2019). The current research
addresses this gap by exploring first responder social workers' self-care experiences and
learning if this group of social workers utilizes self-care practices. In Chapter 2, I present
the research design for this study and address the use of basic qualitative research. The
data collection process and data analysis are also described, including the use of ethical
procedures.

Section 2: Research Design and Data Collection

The social work practice problem addressed in this study was the lack of knowledge about the self-care practices of first responder social workers. The following section explains the research design, methodology, data analysis, and ethical procedure. The research design and methodology sections address the research question and social work practice problem and discuss how a basic qualitative study is appropriate for this study. The data analysis and ethical procedure portion discusses the process for analyzing the data and the ethical procedures that were followed during this process.

Research Design

I used a basic qualitative design to address the research question in this study: How do southern California first responder social workers describe their experiences with self-care? Qualitative research provides in-depth insights and understanding of real-world problems (Korstjens & Moser, 2017) and answers questions about participants' experiences, meanings, and perspectives (Hammarberg et al., 2016). The design also allowed for the flexibility to ask follow-up questions and obtain clarification to ensure a fluid research process (Merriam & Grenier, 2019). This study aimed to identify how first responder social workers describe their experiences with self-care and increase the understanding of their utilization of self-care practices. First responder social workers are especially at risk for burnout (Pike et al., 2019) due to high exposure to physical and psychological stressors associated with their job (Afshari et al., 2021). Self-care lowers burnout, reduces job-related stressors (Xu et al., 2019), and enables one to cope with stress more effectively (Keesler & Troxel, 2020). The study identified how first

responder social workers describe self-care, their experiences with self-care, and how self-care practices are utilized. The qualitative approach allowed first responder social workers to share their direct experiences with self-care to deepen the understanding of this phenomenon (Korstjens & Moser, 2017). Self-care encompasses a spectrum of practices, strategies, and tools (Glennon et al., 2019) used in a multi-dimensional (Dorociak et al., 2017) and individualized process (Dalphon, 2019) that is unique to each individual.

Methodology

The method for collecting data consisted of semistructured interviews (Appendix). Semistructured interviews allowed first responder social workers to share their personal experiences with self-care and their utilization of self-care practices (see DeJonckheere & Vaughn, 2019). The format of semistructured interviews was open-ended (Azungah, 2018) to provide the opportunity for follow-up questions and elaboration of responses to enhance understanding of the first-hand experiences of the participants (Kallio et al., 2016).

The individual interviews took place remotely, and the audio was recorded using the Zoom platform. I coordinate a mutually agreed-upon date and time for each interview with each participant. I emailed each participant a Zoom invitation with a link connecting us on the platform via audio to complete each interview.

Participants

The participants in this research study were first responder social workers in southern California. The participants were selected through purposeful sampling and

included eight first responder social workers with direct and first-hand experience in this role. The sample size allowed for in-depth exploration (Vasileiou et al., 2018) of self-care with social workers who have direct insight into how these practices are being utilized within this group of social workers.

I contacted the program director of the local organization and requested for my letter of invitation to be shared with current employees who meet the criteria for the study. The program director agreed to disseminate the information and e-mailed all active first responder social workers the letter of invitation to participate in the research study. The letter included information about the study, instructions, and contact information for interested participants to reach out to me directly. I emailed the informed consent to participants who expressed interest in the study and answered additional questions they had. The participants were instructed to reply to the email with "I consent" if they agreed to participate in the study.

Data Analysis

The data analysis process used for this research was inductive analysis. Inductive analysis is a technique used in qualitative research to derive meaning from emerging concepts and themes based on the responses gathered from the participants (Azungah, 2018). The first step of the data analysis process was transcribing the data. The data were transcribed using verbatim transcription (McGrath et al., 2019), in which I transcribed the word-for-word verbal data provided in the interviews. Once the verbatim transcription was completed, I used in vivo coding to assign codes to participants' actual words and phrases (see Manning, 2017). I then used the codes to identify patterns and sort these

patterns into categories or themes to answer the research question in this study (see Clark & Vealé, 2018).

To ensure the trustworthiness of the results, I used member checking (Birt et al., 2016). I returned the analyzed data to the participants to validate the findings (see McGrath et al., 2019) and made any necessary corrections as indicated by the participants' responses. Lastly, I utilized dialogic engagement and engaged in a collaborative dialogue about the research findings with my doctoral chair for my research committee (see Ravitch & Carl, 2016).

Ethical Procedures

The ethical protection of participants was essential in the research (Kadam, 2017). The first step in the informed consent process was completed by providing the program director of a local agency of first responder social workers with an informational letter about the research study. I requested the program director email the informational letter to all potential participants to inform them about the study and invite them to participate in the research. I then emailed all interested participants with the informed consent form, which described the nature of the study, including its risk and benefits, outlined the right to voluntary participation in the study, and discussed the right to withdraw at any point (see Ryen, 2016). The participants were given time to review the information and follow up with me if questions arose (see Sil & Kanti Das, 2017). Before starting the research, I obtained IRB approval number 04-14-22-0727398 on April 13, 2022.

The ethical process also included steps to ensure confidentiality. Confidentiality refers to protecting the participants' identities, places, and research locations (Ryen,

2016). To ensure confidentiality, the participants' names or any other identifying information was not used in the study or the transcription process, and each participant was assigned a letter for identification. All collected interview data will be stored on a private password-protected computer for 5 years, and all the data will be destroyed after 5years.

Summary

The study followed a basic qualitative study design and semistructured interviews to address the research question. Participants included eight first responder social workers in southern California. The data were analyzed using inductive analysis in which verbatim transcription and in vivo coding were used. The rigor of the study was ensured through member checking and dialogic engagement to ensure trustworthiness. Lastly, the steps to ensure an ethical research process included the informed consent procedures to ensure confidentiality. In Section 3, I will present the data analysis techniques and findings.

Section 3: Presentation of the Findings

The purpose of this study was to identify how southern California first responder social workers describe their experiences and utilization of self-care practices. First responder social workers face many job-related stressors that increase their risk for burnout (Gómez-García et al., 2020), which contributes to reduced quality, consistency, and stability of client services (Itzick & Kagan, 2017). Understanding self-care use within first responder social workers will directly impact client care and the quality of services provided to clients (Lewis & King, 2019).

I contacted a local organization that employs first responder social workers. I asked the organization's program director to forward all active first responder social workers a letter of invitation to participate in the research via email. The information letter instructed interested participants to contact me directly. Participants who emailed me expressing their interest in the research were provided with informed consent and asked to reply, "I consent." After receiving the informed consent, interviews were scheduled at a date and time convenient for the participants. Semistructured interviews were then held with eight first responder social workers. The audio interviews were held and recorded over Zoom.

In Section 3, I describe the recruitment process of participants for this study. The data collection process and the use of semistructured interviews are also outlined. I also explain the data analysis techniques of verbatim transcription and in vivo coding used to obtain codes from the data. The study's trustworthiness is described through member

checking and dialogic engagement validation procedures. Lastly, I present the research findings used to answer the research question.

Data Analysis Techniques

The recruitment and data collection began with purposeful sampling of first responder social workers. The participants were chosen from an organization that employs first responder social workers in order to obtain their direct experiences with self-care practices. I emailed the informational letter to the program director of the local organization and requested for the letter to be forwarded to first responder social workers who are currently employed within the organization. The informational letter instructed interested participants to email me directly. The program director forwarded the informational letter to participants who met the study's criteria on May 9, 2022. A total of four first responder social workers emailed me and expressed interest in participating in the study. Due to a low response rate, I asked the program director to send a second follow-up reminder email with the information letter, which they did on May 16, 2022. A total of seven first responder social workers responded to the second email. I followed up with all 11 first responder social workers who expressed interest and emailed them the informed consent. Out of the 11, eight responded with "I consent" and agreed to participate in the research. The interviews were conducted between May 16, 2022 and May 28, 2022. I used semistructured interviews with all participants. Each participant was asked the same set of five interview questions (Appendix) that the IRB approved before I began to conduct the research.

The individual interviews ranged from 9 to 30 minutes. Each interview allowed for elaboration and follow-up questions contributing to the varied length of answers. Each audio interview was recorded using Zoom with prior approval from the IRB. I transcribed each interview using verbatim transcription after each interview was completed. Each participant was assigned a number and letter code to protect the participant's identity. Demographic information was not used to describe the participant in the study to protect their confidentiality and to reduce the chance of identification of the participant. The only identifier discussed in this research is that each participant met the criteria for the study and was identified as a first responder social worker, which was the pool of participants the study was shared with.

To ensure the trustworthiness of the results, I used member checking (Birt et al., 2016). I emailed each participant with the transcription of their interview and asked them to validate the findings. A total of six participants confirmed the results were accurate. Two participants adjusted words that were misunderstood during the transcription process and returned the corrected transcription via email. I also used dialogic engagement. I engaged in a collaborative dialogue about the research findings with my doctoral chair for my research committee (Ravitch & Carl, 2016). The process of dialogic engagement allowed for potential areas of bias in the findings to be addressed.

Minimal limitations presented in the course of the research. An initial low response rate occurred. A reminder email was sent to address this issue. Participants who expressed interest in the study explained challenges related to time constraints as a barrier to responding to the initial e-mail.

Findings

I used in vivo coding, in which I assigned codes to the participants' actual words and phrases (Manning, 2017). The following sections lists the interview questions each participant was asked, followed by codes representing the actual words used to answer each question. I used the codes to identify patterns and sort these patterns into themes to answer the research question in this study (Clark & Vealé, 2018).

Question 1: Please Describe What Self-Care Means to You

Participant 1A stated,

Um, to me, it means staying healthy, kind of personally and professionally and mentally. Um, and that's through either activities I do to keep myself kind of sane, um, and managing what I see out in the field and what I deal with at home and my personal life.

Participant 1B reported,

Um, it's funny because like, you know what it is, but you can't describe it, you know. I think it varies from person to person, um, whatever the person needs to do, or have to make sure that they stay mentally and emotionally healthy. Um. I know for myself, it's definitely having downtime, and having things to look forward to, at the same time. So, having plans to do nothing, at the same time, having plans to do lots of things that I enjoy.

Participant 1C explained,

Self-care, I think is just, I mean, making sure that I'm taking the time to put myself first so that I'm okay, so that I can do what I need to do for my patients,

for, for my, for my job. So, making sure that I'm at peace, making sure that I'm

mentally and physically well, I guess that's a very simple definition, but to me,

it's just kind of a very simple thing.

Participant 1D stated,

Um, yeah, self-care is just kind of doing things that make you feel better, kind of

recharge you, give you energy. Uh. There's a book Seven Habits of Highly

Successful People. He uses the analogy of sharpening the saw, kind of links back

to, um, I can't quote it exactly but Abraham Lincoln said something like, if you

give me, if you give me eight hours to cut down a tree, I'll spend seven hours

sharpening my axe. Meaning just kind of taking care of yourself first, and then

you can do your job more effectively, efficiently and effectively. Yeah, the other

analogy I use with my clients is often you know, put your own oxygen mask on

first, before helping your child if you're on an airplane. Or, you know, the

analogy of a water can. You can't keep watering other plants without refilling that

water can once in a while. So, being aware of your own needs, especially as in the

helping profession, we tend to be givers and not as willing to take care of

ourselves.

Participant 1E also stated,

Um, to me self-care means, literally showing yourself that you deserve care, um

and doing things that help you recharge, and um, yeah, just literally, like, taking

care of yourself in all, a variety of ways. I guess I've defined it to clients that way,

is like, showing yourself, you deserve care for like, so long, that sort of stuck in

my brain.

Participant 1F shared,

Um, so let's see. Self-care. Well, self-care looks a little different for me than I

think for most, I have to schedule my self-care. I'm extremely busy. So, I work

six days a week right now. But, but, but, but I learned early on that, just like

anything else, you can schedule it in, you know, if, if what you're doing that's

taking up a lot of your time is important. You need to find a healthy balance. So,

for me, self-care is kind of a multimodal approach, I would say.

Participant 1G explained,

I think it means just providing that compassion and that nurturing that you would

advise, um, like your clients, or your patients or whatever, uh, to have. So, it's

kind of that whole adage of the oxygen mask that you have to take care of

yourself before you take care of others.

Similarly, Participant 1H stated, "I would say making sure that your needs are taken care

of. So physical, emotional, spiritual, in that realm."

Question 2: Please Describe Your Experience with Self-Care

Participant 1A stated,

Um, so, it changes. It has gotten much better as I've gotten older. And as I guess,

my personal life has changed too. So, when I was much younger and fresh out of

school and just hit the, you know, the professional career going hitting that

ground running, I would work a lot more, I would check my phone and my emails

a lot more than just the 40 hours you were slotted to work. Um, once I started

having a family and realizing that self-care isn't just something you preach to

everyone else, you actually have to practice it too. Then I started changing and

being mindful of not always being on my work phone and making sure I turn

things off when I'm not expected to work and there's someone else handling it. I

had to put faith into other people doing things and not always feeling like I

needed to do it. So, part of that then means that I do things on the weekends and

after work, I work in some self-care. And before work, I do that, too. And I know

on the days I don't do it, or if there's been many days in a row where I'm not

taking care of myself, um, I can really actually see that negatively in, um, in my

day to day interactions with everyone. So not just at work, but also at home too.

I'm a little bit shorter with people.

Participant 1B similarly noted,

I definitely understand the need for it now that I'm older. Um. Yeah, so like

before, you know, when I was younger, going to school and working and you

know, doing homework and all kinds of stuff. And based on the jobs that I used to

have, it was more about obviously taking care of other people. Not focused on

myself. If everyone around me is doing well, then that makes me happy. Um. So,

a little bit of codependency maybe in there, too. Yeah, but as I've gotten older,

it's more obvious about how important it really is. And how for me to help other

people and to take care of myself too.

Participant 1C answered,

If I'm not taking care of myself, then I'm, I'm just not as well. But I mean, that's

so it's so obvious. Right? Like, if you're not taking care of yourself, you're more

stressed, you're not doing as well, at least I'm not doing as well with my job. Uh,

things are harder things. When I'm not doing everything that I can do for me,

things just don't line up. My life is not as calm, my everything is not as calm. Um,

so, when I get home, if I don't have that kind of sanctuary at home, then there's

stress at work, and then you don't get to come home and not have stress.

Participant 1D explained,

Hmm. Okay. So, uh, yeah, you know, you definitely have those weeks where you

feel like they've been more stressful than others. And you can kind of feel a little

bit more rundown. Um, and then, because of that, kind of needing to recharge a

little bit more. One of my clinical supervisors used it, I feel crispy, like when

she's when she was feeling almost burnt out or compassion fatigue, as they say,

more a little appropriate or positive spin on it.

Participant 1E shared,

Um, so I think, for me, I have worked with, um, so much with trauma, people who

have experienced trauma and abuse of all different kinds, and especially, you

know, working with some very high acuity clients, I very much got to experience

what it's like to be burnt out, or at least very close to burnout. And so, I learned,

actually, thankfully, fairly early on, from my clinical supervisors, that you had to

find ways to take care of yourself and give yourself a break from work. And like,

give yourself a break from being a therapist, um, in order to be able to continue

doing what you love, but like, obviously, I love being a therapist. And so, I

learned pretty early on that you had to, like, find ways to disconnect and do other

things for yourself, so that you could sustain in the profession, especially when

you're working with really, you know, intense caseloads.

Participant 1F explained,

For sure, I think the more that I even feel just simply rested, the more that I'm

willing to engage in a more consistent routine with it too. Right now, a lot of, not

all of it, but a lot of my decision making is around, you know, time management

and convenience. So, I even have to get creative and do it on the road, like

through Spotify, um, through podcasts, again, through YouTube, anything that I

can do to make it more efficient, I just subscribed to Audible as well. So again,

I'm just, I think what I realized most is that early on when we started learning

about mindfulness and meditation and self-care, um, it was all about like, the next

big thing you know, what can someone do to have it make more meaning than the

last thing that they were doing. And hopefully I think we're coming back to an

ability to make it more simplistic. Because the more that I think you get, again,

into a perfectionist role of how it should look and how it should sound, and I'm

not doing it twice a night, so I'm not a good person or I'm slacking, we're already

getting so self-critical. You know why now make it be your self-care is not good

enough. So, I tried to keep it as simple as possible, I think. And then the

multimodal just helps me access whatever parts I need to make it make sense in

the moment.

Participant 1G reported,

> Yeah, I would definitely say that there is a positive correlation between lack of
> self-care and stress. So as in if I decide to not take care of my self-care, then my
> stress goes up. Um, and I just notice that, you know, I become more edgy, I
> become less compassionate, less attentive. Yeah, so I think it waxes and wanes, as
> far as you know, there's really no set pattern in regards to me taking care of my
> self-care more so than other times, but it's just a matter of trying to stay attuned to
> it, you know, and listening to myself.

Participant 1H explained,

> So, I've kind of noticed that it sometimes it's better than other times in my life. I
> feel like it ebbs and flows, to be honest. Sometimes I do really well with it. And
> other times, I don't do as well. And I can tell when I don't do it because I feel
> more irritable, or just easily agitated or annoyed. Especially at things that
> wouldn't typically make me feel that way. So that's kind of like a way that I can
> check in with myself and know when I need to do something for myself.

Question 3: Please Describe What Self-Care Practices, If Any, You Engage In

Participant 1A reported,

Yeah, so I'm a very active person. So, a lot of my self-care is very physically
driven. So, I will either run in the mornings, or I actually just started a gym. Um,
so, I take classes there, it's just a different challenge, I will do things. I'm home
when my daughter's home from school, which is newer, so I'm trying to take
advantage of that. So, we'll plan different activities in advance that we get to do

so then we can really enjoy that during the week instead of just on the weekends

when everyone else is trying to cram it in. Um, self-care for me also is making

sure I spend time with my friends and other adults outside of work. So, it's not

just the family, that's there's three of us. But there's a lot more people involved in

that. And part of it too, is staying in touch with family. So, all of my family lives

out of state. So, my friends are my family here close by, but we'll do a lot of

FaceTime, we'll talk on the phone, we'll text, so it's also making sure I can add

that in and make sure I stay connected in that way too. Um, just so they can hear

how things are going. But then if I'm not having a good day, they can also support

me and lift me up when I need that too.

Participant 1B explained,

After work most days, especially if I'm having a more stressful day. And stress

for me can be just having a lot of things to do at one time, or like rushing to like

get the last eval done before it's you know, before your, your shift is over. Or it

can be like something emotional that happened, like, you know, witnessing

something really awful at work. But doing nothing. So, the drive home is often

silent. No phone calls, no, no music, no podcasts, to kind of shut off all the

stimuli. And then lately, you know, after I come home, take a shower, I'll do like

little meditation here and there. Eating food that I enjoy is also something that's

like a little treat for myself. And then I always need time, regardless of how busy I

am throughout the day, even if it's something that I enjoy doing, like on my

weekends, I make it a point to have at least like a half hour just vegging out on the

couch doing nothing before I go to bed to get myself into that like sleep mode. Sometimes it can be you know, going to get my nails done, um, you know, things like that. But definitely having things to look forward to and having that downtime when I need it.

Participant 1C answered,

So, when I engage in self-care, some of the things that I like to do, I do my nails. I do, I like to do creative stuff. I have a little baby. So, I spend time with her. I like to do artistic stuff. I like to cook I spend time with my family. I'm very close with my mom. My best friend is up in San Francisco, but I talk to him as much as possible. Um, I like to swim. And in my housing, well my townhouse complex, there's a pool. Um. When I was really taking care of myself, I was exercising daily. And I was eating well, I was just doing, I was doing very, very, very well. Um, and that's probably when I was at my best I was not stressed. I was stressed, I was dealing with stress, I was just handling it very, very, very well. I, I'm like a TV person. So, like, I'll watch, I'm watching Schitt's Creek right now. And for me, that's very helpful. Some people aren't like a TV version, but I'm like I enjoy just kind of kind of getting out there with that kind of stuff. I like to paint. I'm painting my house. Like, so I just bought this house but like I'm painting it blue and I'm making it very, very colorful. So that's the kind of stuff that I like to take care of myself. But I don't always have time to do that. I don't always make time, I'm going to correct myself, I don't always make time to do that.

Participant 1D stated,

Um, yeah, and then so for self-care, just kind of, for me personally, it's, it's spending time with my family. It's being outside just sitting on the back patio reading, making sure to get extra sleep. Meditation, deep breathing, eating healthy, exercise. I do also take like some herbal supplements, there's, there's a thing I take with some ashwaganda herb and some other like cortisol. It's like a cortisol, stress management, supplement. Um, journaling. I'm a big list maker. So, writing things down, get it out of my head and onto a piece of paper. Um, and just, I guess action is also really good self-care. Uh, just kind of getting things done. Having that sense of accomplishment.

Participant 1E reported,

My number one is dance. It is, um. You know, it's, so I've done a lot of research about self-care, because I used to present on it at my previous job at a school, but, so like, it kind of meets all the different, not all, but, you know, when you look at like, multiple different forms of self-care that exist, and I'm just speculating, like, you can see me, dance meets multiple, because it's creative. It is physical exercise, I have community through dance, um you know, there's just even just those three off the top of my head, it's meeting, you know, several different things. So, dance is huge for that. Another thing that I do is I meal prep, which can sometimes feel like it takes away some of the joy of my weekend, but then I have like, healthy nourishing food during the week that I can, you know, some of it can come with me in the patrol vehicle. But that way, I just have like, instead of just grabbing, you know, fried crap out wherever, and then you know, feeling

gross, unable to, you know, have food like, that makes me feel a little bit better.

Obviously, I'm also taking care of my finances a little bit more. So, reducing

stress in that area. I take five dance classes a week, which is kind of excessive,

and then I dance in the work gym. So, I do get a lot of time dancing. Um. But then

I hang out with my cats. Um, I have a weekly zoom, um, or well, weekly video

call with some of my friends who are, you know, scattered around the country and

um like, checking in with my parents regularly, talking to my best friend. Um. All

those kinds of things. And I'm kind of dating somebody and so like I'm getting a

lot of the other self-care needs, like physical self-care needs are met that way.

Like physical touch is huge for me. So, I'm getting like, I find that having that is

really helpful. Also, just anything like give me a hug because I live alone.

Participant 1F stated,

You know, I need to tactile or tactfully sleep and I need to get rest and naps, I

need to physically make sure I'm eating healthy, which doesn't happen all the

time. But I do, I do try to make mindful decisions about that. Um, mental

exhaustion can happen easily when you're working a lot. So, I ensure that I'm,

I'm practicing my meditation at night. And I also follow mindfulness, the

mindfulness series on Netflix, Headspace. There's like three parts to it. So, I do

that, and I love it. I also have the Calm app. So, there's more sensory, um I guess,

an experiential sensory platform that I try to use, but it's more on the calming

side. Auditorily I definitely, like I use all the senses, auditorily I use a lot of

music, a lot of soothing a lot of solfeggio, like the vibrations and the frequencies,

I love those, on YouTube they have a ton of those. Um, and then again,

physically, I try to get out, usually, so what I have been doing lately, I'm close to

the water. I don't live in the ocean, but I can drive to it. I don't even have to get in

the water just for me to like start to fill that decompression happen. And I just

literally sit in my car sometimes and watch the water and observe the scenery. I

listen to the water, I hear the seagulls. So, I do a lot of that, like, mindfulness state

around my presence. So, I don't know if that's a lot. But I, but it sounds like a lot,

but I have to space it out. And sometimes I schedule it. Sometimes I just find

ways to like find a large break in my day, especially like on Saturdays because

I'm working. If I have a big enough break, or I get out early, I can drive and do

the rest and relaxation, and then come back and regroup again.

Participant 1G reported,

Yeah, so my faith is really important to me, I'm a practicing Christian. So, going

to church, reading the Bible. Um, I have a mentor, actually, who's the pastor's

wife that I meet with, probably once a week, if not once, every two weeks. I,

myself am in therapy, and I try to meet with her probably every month or so. And

then I'm also in jujitsu. So, I'm, I am doing that for just awareness, also, you

know, physical, you know, needs and things like that. So, I'm not going as much

as I should and I want to. In order to even, like, move up, you have to go at least

like three times a week. If you want to move up pretty fast. And then reading, you

know, I really like to read. So, taking that time, even if it's just, you know,

reading on my phone through the Library app is good.

Participant 1H stated,

> I used to go to church on Sundays. Or listen to something that had some type of
> spiritual component to it. I used to do a lot of yoga, or going to the gym, a lot of
> time with family. Um. Kind of taking individual time for myself, because I am a
> mother as well. So being able to separate back into who I am as an individual is
> good. Spending time with friends as well. Or just kind of time at home doing
> nothing. As weird as it sounds, growing up I used to do a lot of cleaning as self-
> care. So, I still find myself doing that now, like reorganizing things, doing a lot of
> deep cleaning. And I feel like the cleaner and organized things are, then the more
> I can kind of relax.

Question 4: Please Describe Any Potential Benefits, If Any, Of Self-Care Use You Experience

Participant 1A reported,

Um, well, physically, you stay a little bit healthier, and I think that goes into
saying then I feel like I don't get sick as much. I also feel like I can manage
different difficult situations where instead of just wanting to give up or kind of cry
and not handle it. You can say okay, like this isn't that bad, I can do it. So, I feel
like my mindset is in a much more positive place when I do, do it. And I also
know when I get to hang out with people and be social that that really just kind of
re-energizes me. When I can, you know, go on that run and I clear my head, I then
can remember, oh, you know, it's my friend's birthday, or I'm supposed to do
this, it just, um, I feel more clear minded, honestly, where I can remember things

better and then I can be present to more for people when I am with them. Um, so, I see that, you know that physically, emotionally. And then I also feel like, it's really important, because then I'm, I'm role modeling that for my child, to then help her what she going to do in her life? And what has she seen, because I remember drawing on what my experiences were with my parents. So, I do think there's a good component to that.

Participant 1B explained,

Preventing burnout. Number one. Prevents me from being cranky with people that I care about. Keeps me more on my game at work. And it keeps me more like happy when it comes to work. Like, I'm not being bombarded. So, I can focus on what I want to focus when I need to focus and then when I don't need to, I can veg out and turn my brain off. Yeah, I think just the work life balance really is more obvious. When you have the time to focus and the time to turn it off.

Participant 1C stated,

I say the benefits are for me personally, the benefits are just feeling at peace, feeling like my life is under control. Um, like coming home and my house is clean. And I have time. I think that's kind of the biggest thing is when I feel like I have time and I'm managing my time effectively, so, I have time to do it because I'll do my, it's a weird example but like I do my nails every week, but you like, when it's a self-care thing, I do designs, right. And that's what I enjoy is I'll sit and I'll watch a couple, like a couple of movies, because I don't know if you do your nails. But when you're doing your nails by yourself, or you're doing designs,

it's, it's a process, right? It's not like, oh, like an hour or something and hour, like

you're quickly doing it. So, I enjoy doing that. And so, if I don't have the time to

do that, then it feels more like a chore to do my nails. Yeah, because when you're,

I feel like when you're putting that first, you're making sure that that's your

priority. And you're either not taking on too much. Um. Or you're able to set

those very clear and specific boundaries, and you're making sure that your

priority is self-care, then you have the time to do the things that you need to do to

take care of yourself. Um, because early on in my career, I didn't do that, right.

And so, I didn't really know what self-care was. And then as I was like getting

older, you realize this is very, very important. It, it just kind of puts you more at

calm and at peace, and you're less, I think it is strengthened your relationships, at

least for me, because then less likely to like, snap at people, I'm more pleasant to

be around. Um, which is so weird, because for a living, like that's kind of what

we do is we like soothe other people. But it's different when it's us because it's

like, okay, it's my job to calm you down. But then I'm all heightened and stressed

and pissed and like snapping at people. And that's not healthy, nor is it the way

that you want to come across. Um, I don't know if that's everybody, but I know

that it's me with self-care. And so, I think that when I don't engage in I'm just not

who I want or need to be for me.

Participant 1D explained,

Um, sure. Yeah, of course. I think you're able to think more clearly and be more

productive when I'm taking care of myself doing that self-care. Definitely helps

you be a better clinician, you know, if you have your own mental health in place.

I do work a lot with (name of organization) and then I actually have a second job.

So, all in all, I'm working maybe 50-60 hours a week. Um, so being able to kind

of switch my brain off and be in home mode versus work mode, uh, is helpful to

kind of help me balance all my different tasks and responsibilities.

Participant 1E reported,

I mean, I'm able to keep doing my job. Uh, you know, it, when I take care of my

body, I just feel better, I know, more resistant to illness, which, you know,

obviously, is huge working through Covid. It just helps me not feel as stressed.

Decreases my stress level so then I'm sleeping better. And I feel like if your

physical health isn't doing well, that's another stressor that just really makes

everything so much harder. Um, and then, like I said, like, it's also kind of

considering my finances, like, even with all these dance classes, I take like, it's

sort of like a budget way of doing it. So, I think all of them are different ways of

reducing stress or adding like, either, sorry, I'm gonna sound like a behavioral

psychologist for half a second here. But, um, you know, basically either removing

something aversive, or adding something positive. So, you know, it's, I mean, it's

at, at base, there's a certain amount of conditioning. But you know, it's like, I'm

taking away stressors, I'm doing what I can to really reduce the effect of the

stressors that I would have, whether it's financial, whether it's, you know, getting

sick, being injured, um, you know, feeling disconnected. Um. And so, you know,

I just find that the more I do those things the happier I feel, like, I feel good in my

body, I feel happy. Like, with the person I'm dating, just like, having somebody come and like, hug me and cuddle me, makes me just, like, feel relaxed for like the rest of the day. So, it's little things where it's just, you know, like I said, it's just kind of finding all these ways that kind of helped me, I guess, especially with the first responder stuff, shut off survival mode. Yeah. And just switch, not just shut off survival mode, but switch out of survival mode into living the rest of my life. So, I'm not, you know, going to the grocery store in survival mode. So that it's like, if I hear something banging at the grocery store, which literally happened right before this pretty much. My first thought is, oh, my God, it's a shot. Let me run. You know, my first thought is like, oh, what's that noise? And, you know, curiosity instead, which is, it's a nice thing to have to be able to just completely switch modes that way. Um, and you really do have to make that conscious switch. And so, having things that help you make that conscious switch, just like I have, added to be hugely beneficial in my life, just because it's you know, you can enjoy your life a lot more when you're not constantly on guard for the next bad thing.

Participant 1F stated,

Oh, definitely. I mean, um, I think well, I feel like when you get into a mindful state, when you practice more of that ability to slow yourself down, you allow for your inner voice to come through more, your self guidance, which helps with my decision making. So, I think that's the biggest takeaway for me that I've learned over the years of why it's so important to try to make sure if I get off track, it's

okay. But I see the difference. So that's something I think that I have to point out

is what I stress to a lot of my patients too, like, you know, when you're not on

track, and you know, when how you feel, you can scale a difference between

consistent or somewhat consistent self-care versus if that's lacking, or kind of

falling off the tracks, like, where else is it showing up to? So, you can do a lot of

comparison with it to when it's in your life versus when it's very disorganized or

not, you know, not consistent so.

Participant 1G explained,

Yeah, so with self-care when I'm, when I'm utilizing it to its full potential I'm,

I'm way more present for my clients. Um, I'm in a more positive mood, I'm more

at peace. I already feel like I can compartmentalize really well, I mean, if I didn't,

then I wouldn't be in (name of organization). But I'm, it's more of like not, not

like a frantic compartment, compartmentalization, if that makes sense, but more

just like, okay, like calm, methodical. Um. Yeah. And I think I just, you're, you're

kind of, you are benefiting from taking care of you, you are able to take that

overflow, if you will. And you will use that for other people.

Participant 1H stated,

Oh, I'm less irritable. Most definitely. I can handle things a lot better. My ability

to kind of problem solve and increase. And then the field of work that I do, I think

it makes it better when I'm able to practice more self-care because what I do is

crisis work. So, I feel like that can be extremely draining if you don't take care of

yourself.

Question 5: Please Describe Any Potential Challenges, If Any, Of Self-Care Use You Experience

Participant 1A stated,

Um, you always want to do a lot more than what you can cram into that 24-hour day. Um, so, balancing everything I want to do during the day, to, also getting a good night's sleep. And making sure I don't do certain activities before I'm supposed to go to sleep, because then I can't unwind and actually fall asleep. So, I've had to say no to some, you know, physical activities, right before bedtime, because I can't fall asleep right after a soccer game, um, like I would if I was just reading a book. So, I think being strategic to what I do during the day. Um, you know, I think a big challenge for me, you know, ongoing is also forgiving myself or giving myself permission that I don't have to do at all. And it's okay, if you don't get it done. And not to compare yourself with other people. Um, I think when I would compare like, oh, well, they're doing this activity, and they're going this place and that place. And oh, I got to do that. I haven't done that. Once I let go of that and say, well what do I want to do? And what do the people I love around me want to do? And then what can we do together to really maximize our time together. But also, then feel good the next day, um, in the next week and carry that through. So that that can be. Oh, that's an ongoing challenge. That's something you're just always being mindful of. And being okay not doing everything that other people may do.

Participant 1B reported,

Um, sometimes, so when I come home to try to do some meditation, sometimes I'll pick like the shorter little meditation like clips, because I want to go downstairs to my fiancé and check in with him see how his day was. We have a bunch of TV shows, we like to watch together. So, it's kind of like, it's like, sounds kind of counterintuitive, because like, okay, let's hurry up this meditation so I can go relax on the couch. But like, the whole point is to relax for the meditation. But yeah, it is, you know, it's the whole you have to make time. Yeah, I think that might be one of the, one of the things. Also, I do want to spend a lot of quality time with people that I care about. But oftentimes, you know, certain people can spend time on Saturday. Well that's the only day me and my fiancé have off together, so it's trying to balance. You know, I have a lot of people that I like to spend time with. So, it's like, like a blessing in disguise. Maybe, like, how do you prioritize like, which person versus like, when, and how and all that kind of stuff?

Participant 1C stated,

I'd say the challenges in general are depending on who you're working for. That's the biggest thing I have ever experienced. If you are working for people that don't care about your self-care, then you are not going to have good self-care, because something's gonna lack. Um, you're gonna have to leave that job. Right? Like, that's just, you can't, it's not possible to do both. Um, for me, personally, I have two jobs like I have the job with (name of organization) and I have a private practice. So, my, my challenge is not with (name of organization). My challenge

is with my private practice. So, I'll have to sometimes, you have to work over, which doesn't bother me now, because I'm, I'm hourly, whereas when I was at the prison, I was salaried. So, if I worked two hours, or if I work 12 hours in a day, I got the same pay. Whereas here, if I work over, I get paid. So that doesn't actually bother me working over, it's not healthy necessarily, because then I get home and I'm more exhausted than I would normally be. But my challenge is not taking on too much in a second job. Um, it's hard to usually like being a single person, be able to do certain things with just one paycheck. So, I have that second position, but then okay, so I work my 50 hours let's say with (name of organization) a week, if I'm doing overtime, hopefully that will go down. And then I do another 12 hours, let's say I'm working 60 hours, sometimes more. And then I have one day a week off, but not necessarily. Because I'm still doing stuff on those, you know what I mean. So, I don't have a day where I can just do nothing. And I love to just do nothing sometimes. Um, but then part of my self-care is like, I just started Krav Maga. I do knife throwing, so I enjoy that. But it's still not doing nothing, if that makes sense, right? So, I say my challenges are being able to find a good balance right now between, um, just maybe, just keeping stuff on five days a week. So even if it's 60 hours, its 60 hours on five days versus leaving those other two days to do. So, I always have one day to do nothing. Because that's actually, interestingly, I need that for self-care. I need to be able to do nothing at least once a week.

Participant 1D reported,

Sometimes it's hard to make the time for it. I mean, I think everyone would, would like to work out or exercise more or take more time to cook healthier foods. And, you know, we all have those moments where it's just easier to get, get a Mexican to go fast food versus going home and cooking a nice meal. Um. Yeah. So just I guess, time management, just having the time with everything else. I will say the other thing too, is sometimes, I don't know if you ever read this book, the Emotional Survival Guide for Law Enforcement? So sometimes, just kind of been, kind of getting stuck into that loop of maybe not wanting to make a decision, not wanting to, like on a really bad day, when you get home and just kind of sit in the chair and you're just kind of mindlessly searching through the internet or watching YouTube videos or scrolling through social media or whatever. Um. You can kind of you can get in this funk, sometimes where you can't get out of that for I mean, just kind of time disappears. Brains kind of up here and needs to come back down, like that heightened awareness, that heightened state.

Participant 1E stated,

Having time for it. And sometimes making time for it can feel like a burden in the moment. Um. You know, especially like taking five dance classes per week. That can sometimes feel kind of overwhelming and be like, what am I doing to myself? I'm nuts. Um. Also, you know, I think I brought up the financial piece so much because that is such just a relevant thing. You know, therapists overall do not get paid enough. We know this. You know, and so a lot of times having the money to

be able to take care of yourself can be hard. Like for me right now, that is not as much of a stressor as it used to be. But that was a barrier that I faced quite a bit previously. And I think another thing is that, you know, sometimes you're in an environment where no matter how much you do to take care of yourself, really, probably the biggest thing that you need to do to care for yourself is to get out of that environment. Because the environment itself is what's not healthy for you. You know? And so, I think it's, part of it is, is that really what I need? Or am I using it as kind of a band aid to cover up these bigger things that I really should probably be looking at and facing? Which, you know, I will say, in my previous job definitely, was something that I had to deal with, where I was like, oh, no, this is actually an unhealthy environment for me. And really, what I need to do is, get out of it, that's, I can't self-care my way out of a toxic environment, really. Um. Which you know, it, I don't even think of that is specifically like, part of self-care. And sorry, I'm just now thinking of other things like, sometimes you'll have a job where the schedule just doesn't work for your body clock, but that's a job you have. And that's the schedule you have, and or, you know, your job schedule can limit your ability to access the self-care, things that you want to do, whether it's like hanging out with friends. Um, and it's figuring out how to deal with that, because like, for me, my current job makes it, it works with my body clock really well. So that's a very helpful thing. At the same time, there are like some dance classes I would like to take and in place of some of the ones I'm currently taking, but I can't because of my work schedule. So, it's like, you know, everything's

kind of a tradeoff. But I do think, finances, finding the time. And then sometimes you know, it, it can feel like a chore, especially, especially the meal prep can feel like a chore even though afterwards, it feels so much better to have done it. And then I guess the other the other issue with self-care is you know, when you have these little tiny furry beings in your home, sometimes they do things that add stress instead of reduce it. Like my cat who was just climbing on shelves and acting like he was going to knock things over, some photos. So, I had to go get him so that he didn't do that. But you know, it's, I don't know, I guess I, I have a, I've been doing this all long enough that I have a very like balanced view. Um. One of the things and I will say this, not necessarily for myself now. But in the past, I did not understand the whole concept of having, needing to have an identity outside of your professional identity. As like, as like part of a self-care thing and all that. And I think it took me a long time to really understand that. Um, and then once I understood it, I understood why it's so important. And how it's so important. You know, just that whole idea of like not defining yourself only by your professional accomplishments. But it did take me a long time to get there. And I think some things that are self-care really involve paradigm shifts. And so that can make it can make it hard to do them. Because you're not even aware that that is something that you need to do until somebody brings it to your conscious awareness.

Participant 1F explained,

Well, like I said early on, you know, I think is it was trying to come mainstream, the term self-care and mindfulness and everything. People were trying to make it look and feel a certain way, and it became very I don't know, I think like I said, a lot of my self-care, even though it feels structured, what I'm picking from a spontaneous, it's has to make sense in the moment. So, I think you take away the ability to enjoy the moment when you're doing self-care if you are making, if you're making too much, too much from it, you know. So, one of my challenges as I was learning this was like, I researched and I would dive into something, and I would just do it wholeheartedly. Like I discovered a timer, an app timer, I forget the name of it now, Insight. And I was all about it. And it's a fantastic app. So, this is not to knock platforms like this. But you can become a little bit obsessed, you can become extremely critical of yourself when you're not meeting that 10- or 15-minute meditation position. And, you know, oh, now we have a group component added to this app. So, like, is that going to help you and feel more connected? Or is it going to feel pressure because other people are doing it? And I'm not showing up the same way so challenges can be comparing our practice to somebody else's challenges can be like, our self-critical mindset coming into place when it doesn't look or feel a certain way. And also getting too obsessed with you know, that academic brain of like I need to research I need to investigate like, how is this working for me? That's important to a certain degree, but after that, if it's if that's gonna be more what you're doing and less of the actual practice, then, you know, you're missing the whole point of the application. You

know, so I just kind of speak for more of like I said, I was teaching a lot of this

early on to as a younger person. And now that I'm a little older, and I've got a

little bit more under my belt experience wise, um, going back to basics is always a

good place to start.

Participant 1G reported,

For whatever reason, mental health is not slowing down, it's actually picking up.

And because of that, I find myself more often than not having overtime. And it's

really, it's starting to get to me. And I don't want to experience burnout. But I

also find it really difficult to nurture and take care of myself, and, you know, read

my Bible and have time with God and have time with my husband and have time

with my dog, you know, I just, I just kind of want to go home and just check out

you know. I want to stop at Taco Bell, and I want to go home and I want to check

out. Um, so I would say just, yeah, just the amount of time that I've been devoting

to (name of organization), and I love my job. But this overtime is really it's

getting, it's getting bad. So, I don't know. I'm just, I'm just exhausted, like

mentally and emotionally. And, you know, 10 hours is always already a lot. And

then you're dealing with, you know, high, high vol, like high priority volatile

calls, coupled with then it's not even 10 hours, and now it's like 12 hours or now

it's 13 hours. And yeah, it just wipes you out. And then you, you feel like self-

care is becoming now more of a chore rather than something that you look

forward to doing. Other than turning on Netflix, and just totally like zoning out.

Participant 1H stated,

I would say having a young child and the availability to kind of just back before I had children, I was able to just do whatever I wanted when I wanted to do it. But now taking into consideration their schedules. Um. So, my kind of get up and do has changed. I need to plan things out a little bit better. Especially if I would like to do something that's a little more individual because I do have people watch her when I go to work, so I kind of feel like asking them for additional time for myself isn't something that I can do frequently. Um. Because I take her already four days out of the week. So, I do feel like that is kind of a challenge itself. Or even just kind of finding the motivation to work out or want to do those things, but kind of forcing myself to get outside at least and just take a walk, and um, kind of rationalizing, okay, what's the benefit of a walk, at least, you know, while the baby can get out, she can get exercise, it'll make her tired. It'll make her feel better. So then like, kind of really forcing myself to do that is some days are easier than others. And sometimes I just want to, especially with this weather, currently, just stay home, wrap myself under a blanket and relax before I go back to work. But I know it's important to get outside and have some of that physical activity.

Research Question Findings

I used in-vivo coding to answer the research question: How do Southern California first responder social workers describe their experiences with self-care? Each participant was asked five questions related to their self-care practices to help answer the research question. Although each participant answered each of the five interview

questions uniquely, several themes emerged throughout the data analysis process about self-care

The first theme that emerged showed that participants were aware and knowledgeable about self-care and easily described it's meaning. Participants indicated that self-care is important, especially for individuals in professional caregiving roles. Participants described self-care as measures taken to stay "healthy," "well," "at peace," or to "recharge." Participant 1A defined self-care as "staying healthy, kind of personally and professionally and mentally." Similarly, participant 1C explained, "making sure that I'm at peace, making sure that I'm mentally and physically well." Participant 1D stated, "doing things that make you feel better, kind of recharge you, give you energy." Several participants derived the meaning of self-care from analogies they use to describe the concept of self-care to clients they work with and provided generic definitions. Participant 1E reported self-care is "showing yourself, you deserve care" stating, "I've defined it to clients that way." Participant 1G added, "it means just providing that compassion and that nurturing that you would advise, um, like your clients." Participants also described self-care as required for an individual to maintain overall health and wellness and an essential aspect of caring for others. Participant 1D used the example, "you can't keep watering other plants without refilling that water can once in a while." Participant 1G also shared "that whole adage of the oxygen mask" stating, "you have to take care of yourself before you take care of others." Participant 1C described self-care as "making sure that I'm taking the time to put myself first," explaining that this allows them to "do what I need to do for my patients, for, for my, for my job."

Participants shared that self-care can be achieved in various ways to meet each individual's needs. Participant 1H described this as "making sure that your needs are taken care of. So physical, emotional, spiritual, in that realm." Participant 1B added, "it varies from person to person," describing that self-care involves "whatever the person needs to do, or have to make sure that they stay mentally and emotionally healthy."

More themes developed as participants were asked to describe their self-care practices. Self-care practices were described as "multi-modal" and encompassing various domains with many similarities and overlaps. Each domain included unique and individualized practices specific to each individual. Participants described the domain of physical self-care through healthy eating, meal prepping, and taking supplements. Participant 1D shared their physical self-care practice includes "eating healthy, exercise" and "herbal supplements." Participants stressed the importance of physical rest, such as sleep, naps, and "doing nothing" to decompress from their workday. Participant 1D shared they focus on rest by "being outside just sitting on the back patio reading" and "making sure to get extra sleep." Participant 1F also highlighted the importance of "practicing my meditation at night," sleep," "rest and naps" and "physically make sure I'm eating healthy." Participant 1B described they make it a "point to have at least like a half hour just vegging out on the couch doing nothing before I go to bed" to support them in decompressing from the day and "get myself into that like sleep mode." Participant 1F also explained that they "feel that decompression happen" by sitting "in my car" and "watch the water and observe the scenery. I listen to the water, I hear the seagulls." Participant 1B also described the act of "doing nothing" and having a purposeful "drive

home" that is "often silent" to "shut off all the stimuli" after work. Participants also reported more active physical self-care practices such as going gym, running, swimming, dancing, yoga, and jiu-jitsu. Participant A shared, "I will either run in the mornings, or I actually just started a gym" and "I take classes" as part of physical self-care. Participant 1E explained that "my number one is dance," sharing "I take five dance classes a week" and also "meal prep" on the weekends. Participant 1G shared, "I'm also in jujitsu," and participant 1C reported they "swim," "do knife throwing," and "Krav Maga." Participant 1H identified their physical self-care as practicing "yoga" or "going to the gym."

Participants stressed the importance of the relational aspect of self-care. Participants identified practices such as spending time and staying connected with friends, family, and significant others, in person or virtually, such as through phone calls, video calls, and texts. Participant A explained, "self-care for me also is making sure I spend time with my friends and other adults outside of work" and "staying in touch with family." Participant A shared they stay connected with family and friends that are out of state through "FaceTime," "on the phone," and "text." Participant 1C also shared they "have a little baby and "spend time with her," spend "time with my family," and "talk" to friends "as much as possible." Participant 1D also stressed the importance of "spending time with my family." Participant 1E described their relational self-care as "I hang out with my cats" and "weekly video call with some of my friends who are, you know, scattered around the country. Participant 1E also described "checking in with my parents regularly, talking to my best friend," and "kind of dating somebody." Similarly, participant 1G shared about spending time "with God," "my husband," and "my dog."

Participants also emphasized the importance of having other supportive relationships, such as mentors or therapists. Other aspects of social connection included participating in the community through sports, hobbies, or religious events. Participants also described a spiritual or faith-based component of their self-care through practices such as going to church, practicing their faith, reading the bible, meditating, being in nature, and practicing mindfulness. Participant 1E shared they "have community through dance." Participant 1G explained they are "a practicing Christian" and go to "church" and spend time "reading the Bible." Similarly, participant 1H discussed going "to church on Sundays" or listening "to something that had some type of spiritual component to it" as ways to connect with others and practice religion or spirituality. Participant 1G also shared about having a "mentor, actually, who's the pastor's wife that I meet with, probably once a week" and being in "therapy."

Other self-care practices identified by participants included taking time to do activities that interest the individual. Participant 1D discussed their use of "meditation, deep breathing," and "journaling." Participant 1F explained they follow the "mindfulness series on Netflix, Headspace," use the "Calm app," and listen to "a lot of music, a lot of soothing, a lot of solfeggio, like the vibrations and the frequencies." Participant 1H stated, "I used to do a lot of cleaning as self-care" and "I still find myself doing that now," explaining that "reorganizing things, doing a lot of deep cleaning" helps them to "relax." Participant 1C discussed doing "creative stuff," such as cooking, and "artistic stuff," such as "painting my house" and "doing my nails." Participant 1G also shared about "reading" and "taking that time, even if it's just, you know, reading on my phone

through the Library app." Participant 1C discussed they enjoy "movies" and "shows," similar to participant 1B, who stated they "have a bunch of TV shows" they like to watch with their partner.

As participants elaborated on their experiences with self-care, a theme emerged about factors that influence the successful application of self-care. Participants identified intentionality and boundaries as essentials for engagement in self-care practices. Participant 1F explained that they are intentional with their time stating, "I have to schedule my self-care." Participant 1C also explained that "very clear and specific boundaries" are needed to "making sure that your priority is self-care." Participant 1A described their use of intentionality and boundaries, such as "being mindful of not always being on my work phone" to practice self-care. Participants also discussed the importance of being intentional in using both structured and unstructured time for self-care. Participant 1F shared, "sometimes I schedule it. Sometimes I just find ways to like find a large break in my day" in which they "do the rest and relaxation." Participant 1H stated part of what allows them to practice self-care is being intentional in creating "time at home doing nothing." Similarly, participant 1C also described making time "to do nothing. Because that's actually, interestingly, I need that for self-care."

Participants noted that awareness of their emotions and needs is another factor that enhances their ability to engage in self-care practices. Participant 1G described the importance of "trying to stay attuned" and "listening to myself" to be able to identify when it's necessary to prioritize self-care practices. Participant 1H described that when they "feel more irritable, or just easily agitated or annoyed," that is a crucial time "to

"check in with myself and know when I need to do something for myself." Participant 1F also shared, "I see the difference," referring to noticing a difference in how they feel "between consistent or somewhat consistent self-care" and using this awareness to return to a more consistent self-care practice.

Participants also indicated that their use of self-care practices improved over time. Participant 1B stated, "as I've gotten older, it's more obvious about how important it really is." Similarity, participant 1A noted that self-care "changes" and "has gotten much better as I've gotten older. And as I guess, my personal life has changed too." Participants noted that changes in their career and personal life helped them learn the value and importance of self-care. Participant 1C explained, "I didn't really know what self-care was," stating that "early on in my career," they did not engage in self-care. Participant 1C said, "as I was like getting older, you realize this is very important."

Participants explained that supervisors played a role in helping them learn about self-care. Participant 1E noted, "I learned, actually, thankfully, fairly early on, from my clinical supervisors" that self-care is necessary "so that you could sustain in the profession." Participant 1D shared that "one of my clinical supervisors" taught them that "feeling crispy" or feeling "almost burnt out or compassion fatigue" indicates the need for self-care. Time and experience also helped participants find effective strategies to apply self-care practices. Participant 1F shared that over time and "a little bit more under my belt experience wise," they learned that simplifying and "going back to basics" helped them experience the most benefits from self-care practices.

The participants' codes also presented themes about the benefits of using self-care practices. Self-care practices were reported to maintain participants in the workplace, enhance work performance and help reduce and/or manage stress. Participant 1E stated the use of self-care practices ensures that "I'm able to keep doing my job," and according to Participant 1B, the use of self-care is "number one" in "preventing burnout." The use of self-care practices helped participants feel "relaxed," "at peace," "less irritable," and "healthier." Participant 1A noted that "I feel like my mindset is in a much more positive place" and participant 1E stated, "I just feel better" and "more resistant to illness" when regularly engaging in self-care practices. Participant 1E also added that self-care use "decreases my stress level so then I'm sleeping better." Participants reported that self-care use enhanced their work performance by increasing their ability to "make decisions," "think more clearly," and "be more productive." Participant 1H also added that "my ability to kind of problem solve increases." Participant 1B stated self-care "keeps me more on my game at work" while participant 1G shared it helps them stay "calm" and "methodical." Participant 1D further elaborated that self-care use "definitely helps you be a better clinician" as participant 1G explained it allows that "I'm way more present for my clients." Participant 1A also found that self-care allows them to "be present" and also allows them to "feel more clear minded" and "remember things better." Participant 1B shared self-care "prevents me from being cranky with people that I care about" and participant 1C noted they are "less likely to like, snap at people" and are "more pleasant to be around." Participant 1A added self-care helps them to "manage different difficult situations where instead of just wanting to give up or kind of cry and

not handle it." Participants also explained that using self-care practices improved their ability to change focus and transition out of work mode, contributing to a better work-life balance. Participant 1B explained, "it keeps me more like happy when it comes to work," noting self-care allows them to "focus on what I want to focus when I need to focus." Participant 1D added that self-care supports them in "being able to kind of switch my brain off and be in home mode versus work mode" and aids to "balance all my different tasks and responsibilities." Similarly, participant 1E stated, "it's a nice thing to have to be able to just completely switch modes," adding, "you can enjoy your life a lot more."

The participant' codes also identified a correlation between a lack of self-care use and adverse outcomes. Participant 1A described that on "the days I don't do it, or if there's been many days in a row where I'm not taking care of myself," they are impacted "negatively in, um, in my day to day interactions with everyone" such as being "a little bit shorter with people." Participant 1C explained that "if I'm not taking care of myself, then I'm, I'm just not as well," indicating they are "more stressed" and "not doing as well with my job." Participant 1D also explained that they "have those weeks where you feel like they've been more stressful than others" and "kind of feel a little bit more rundown," indicating the need "to recharge a little bit more" with the use of self-care practices. Participant 1G also reported that "there is a positive correlation between lack of self-care and stress." Participant 1G elaborated they notice their "stress goes up" and "I become more edgy, I become less compassionate, less attentive." Similarly, participant 1H stated they "can tell when I don't do it" due to feeling "more irritable, or just easily agitated or

annoyed." Participants explained that noticing these adverse effects indicates the need to re-engage in self-care practices.

The codes show that participants experience the benefits of self-care practices and understand the negative effects of lack of self-care use, however, they struggle to utilize self-care practices consistently. Participant 1H described their self-care practice as "it ebbs and flows, to be honest," explaining that "sometimes I do really well with it. And other times, I don't do as well." Participant 1D described their experience as, "I think everyone would, would like to work out or exercise more or take more time to cook healthier foods," however, "we all have those moments where it's just easier to get, get a Mexican to go fast food." Participant 1F also stressed the importance of needing to "make sure I'm eating healthy" but stated it "doesn't happen all the time." Similarly, participant 1C reflected on their experiences with self-care saying, "when I was really taking care of myself, I was exercising daily. And I was eating well," further explaining, "but I don't always have time to do that. I don't always make time." Participant 1G also discussed the benefits of engaging in self-care through jujitsu and indicated challenges with utilization stating, "I'm not going as much as I should and I want to." Participant 1H reflected on past self-care practices such as, "I used to go to church on Sundays" and "I used to do a lot of yoga, or going to the gym, a lot of time with family," indicating current challenges with utilizing these practices consistently.

The final theme that emerged indicates participants experience specific challenges in implementing self-care practices. Participants described several challenges, with the most common challenge of balancing multiple responsibilities and having limited time

for self-care. Participant 1E described challenges with "having time for it" and "making time for it can feel like a burden in the moment." Similarly, participant 1D explained the challenge is "time management, just having the time with everything else." Participants also noted difficulties balancing and prioritizing self-care with other demands, such as their families, furthering the issue of having limited time for self-care. Participant 1H stated the challenges of "having a young child" and lacking the freedom to "do whatever" due to "now taking into consideration" the needs of their child and other family members. Participant 1B also described difficulty prioritizing relationships and self-care, stating, "how do you prioritize like, which person versus like, when, and how and all that kind of stuff." Participant 1A also stressed the challenge of balancing various demands, stating, "balancing everything I want to do during the day, to, also getting a good night's sleep." Participants discussed difficulties with finances and needing to balance two jobs resulting in less time for self-care. Participant 1D shared, "I actually have a second job. So, all in all, I'm working maybe 50-60 hours a week." Participant 1C also discussed financial challenges and the need for a second job stating, "it's hard" to "be able to do certain things with just one paycheck," further elaborating the challenge is "not taking on too much in a second job" and "being able to find a good balance" in order to "have one day to do nothing" as part of a self-care practice.

Another challenge identified by participants was experiencing a lack of motivation and exhaustion. Participant 1G stated, "I'm just exhausted, like mentally and emotionally," further explaining, "you feel like self-care is becoming now more of a chore rather than something that you look forward to doing." Similarly, participant 1H

discussed the challenge of "finding the motivation" to "want to do those things" and "forcing myself to get outside." Participant 1D also discussed "kind of getting stuck into that loop" and "get in this funk" or "heightened awareness" that makes it difficult to "make a decision" and engage in self-care practices. Participant 1G explained that working "10 hours," "12 hours," or even "13 hours" of "high priority calls" adds to the exhaustion and "it just wipes you out."

Participants also identified the challenge of a negative mindset, such as criticism, judgment, and comparing oneself, creates difficulties for engagement in self-care. Participant 1F shared their experience with self-care stating, "you can become a little bit obsessed, you can become extremely critical of yourself." Participant 1F further described that the "self-critical mindset" can take away from the benefits of the self-care practice itself and that "you're missing the whole point of the application." Participant 1A stressed the importance of trying "not to compare yourself with other people" as self-criticism can add extra stress and remove the intended benefits of self-care. Similarly, participant 1F discussed that "comparing our practice to somebody else's" can produce "pressure" and take away from the self-care practice.

Participants also described an unhealthy work environment as a challenge to self-care. Participant 1C stated, "If you are working for people that don't care about your self-care, then you are not going to have good self-care." Similarly, participant 1E described that "sometimes you're in an environment where no matter how much you do to take care of yourself," the unhealthy environment poses many challenges in experiencing the

benefits of self-care practices. Participant 1E stresses that the most effective self-care practice in such cases is "to get out of that environment."

Lastly, one participant pointed out that not having an identity outside of the professional role also creates challenges for engagement in self-care. Participant 1E explained that they did not understand the importance of "needing to have an identity outside of your professional identity. As like, as like part of a self-care." necessary. They explained "defining yourself only by your professional accomplishments" can make it challenging to engage in self-care "because you're not even aware that that is something that you need to do."

Summary

In this section, I described the research findings and discussed first responder social workers' experiences and utilization of self-care practices. Based on the results, the participants could define self-care and explain its importance in maintaining wellness and providing care to others. Participants described the utilization of a wide variety of self-care practices, such as physical, emotional, spiritual, social, and creative aspects of self-care practices. Although all participants were knowledgeable about self-care practices and their positive effects, several noted that their application of self-care practices improved over time. Participants shared time, experience, and learning from supervisors helped them strengthen their self-care practices. Participants also stressed the importance of being intentional, having boundaries, and being aware of their emotions and needs as essential factors in self-care use. Participants agreed that the lack of utilization of self-care practices negatively impacted their functioning in both their professional and

personal lives. The lack of self-care impaired their ability to perform their job and connect with others due to factors such as reduced patience, compassion and attentiveness, and increased irritability. Self-care practices were described to have several positive effects, such as preventing burnout, decreasing stress, and improving work performance. Other positive outcomes included better relationships due to an enhanced ability to manage their emotions and transition out of work mode. Participants indicated do not always engage in self-care practices regularly and experience several challenges in applying self-care practices. The most common challenges described were a lack of time, difficulty prioritizing self-care due to other demands such as families or second jobs, and a lack of motivation and exhaustion. Another challenge noted by participants was an unhealthy work environment that does not support self-care practices. Participants also pointed out that a negative mindset that includes self-judgment, criticism, and comparing oneself to others poses challenges in utilizing self-care. Lastly, the lack of awareness about having an identity outside of a professional role was described as challenging to engage in self-care practices. One participant noted that their overidentification with their profession and professional accomplishments made it difficult to be aware of their self-care needs.

In section 4, I will describe how these findings directly impact social work practice using the NASW Code of Ethics principles and values. I will also address recommendations for social work practice and discuss possible limitations. Lastly, I will discuss how the findings can guide implications for social change.

Section 4: Application to Professional Practice and Implications for Social Change

This study aimed to identify how southern California first responder social workers describe their experiences with self-care and increase the understanding of the utilization of self-care practices within this group of social workers. The understanding of self-care practices within this group of social workers has the potential to improve the quality of care that is provided. This group of social workers is at an increased burnout due to exposure to routine stress, high-risk situations (Antony et al., 2020), and traumatic events (Klimley et al., 2018). Self-care reduces burnout risk (Xu et al., 2019) and directly impacts the delivery of quality services to clients (Itzick & Kagan, 2017).

The research findings indicated that social workers understand the concept of self-care and recognize the importance of using self-care practices to support their well-being and enhance their job performance. Social workers are aware of the adverse effects of the lack of engagement in self-care practices and how it negatively impacts their ability to perform their job and function in their professional and personal lives. Social workers experience the benefits of using self-care practices, which include reducing burnout, decreasing stress, and improving work performance.

Social workers also indicated they use a variety of self-care practices but noted that their practices change over time. With time, experience, and support from supervisors, their understanding, application, and utilization of self-care practices improved. Therefore, more experienced social workers in supervisory roles can support newer or less experienced social workers in building the skills necessary to increase self-care practices. The other aspect of change within social workers' self-care practices refers

to the varied use and how social workers do not engage in self-care practices due to different challenges. These challenges include difficulty prioritizing self-care practices due to other demands such as families or second jobs and the lack of motivation due to exhaustion and/or mental overstimulation. Social workers may benefit from support around the prioritization of self-care practices and the normalization of boundaries around work responsibilities to engage in self-care. Another challenge mentioned is self-judgment, criticism, and comparison to others. This prevents social workers from engaging in self-care practices and/or allowing themselves to experience the full effects due to the pressure experienced around self-care. These findings indicate the need for a shift in mindset that offers less rigidity, increased self-compassion, and an outlook that supports an individualized approach to self-care. Lastly, social workers are susceptible to difficulties forming an identity outside of a professional role, posing challenges with using self-care practices. An important aspect of increasing self-care practices among social workers may include supporting social workers in identifying a sense of self outside the profession and normalizing prioritizing other aspects of one's life outside of work as part of self-care.

In this section, I will address the application of findings within professional ethics as guided by the NASW Code of Ethics. I will also provide recommendations for social work practice. Lastly, I will discuss the implications for social change as it relates to the use of self-care within social work practice.

Application for Professional Ethics in Social Work Practice

The NASW Code of Ethics provides principles and values that guide social work practice. The principles that most closely relate to the current social work problem include service and integrity (NASW, 2021). The ethical principle of service states that the primary goal of social workers is to help people in need (NASW, 2021). The ethical principle of service relates to the current research as the findings indicate that a lack of utilization of self-care practices negatively impacts social workers' ability to provide services. The lack of self-care use results in social workers experiencing impairments to their functioning, such as reduced patience, compassion, attentiveness, and increased irritability. As highlighted in the findings, an important aspect of providing services ethically means social workers must prioritize taking care of their needs through self-care practices to be able to help others in need.

The ethical principal of integrity points out that social workers must provide services in a manner that is consistent with ethical principles and values, which include taking measures to care for themselves personally and professionally and not allowing impairments to impact their professional judgment or performance (NASW, 2021). The current findings show that self-care practices reduce impairments such as stress and burnout. It also improves work performance by enhancing mental clarity, problem-solving abilities, and decision-making. Based on the findings, social workers are aware that the lack of utilization of self-care practices increases impairments and negatively impacts the delivery of services.

The study's findings impact social work practice as they directly relate to the NASW Code of Ethics. The findings indicate that social workers understand the importance of self-care practices and the role their use has in upholding the ethical standards of service and integrity. However, the findings also show that social workers face numerous challenges impacting their ability to engage in self-care practices as often as needed for optimal functioning. The following section will address specific recommendations for social work practice to promote increased utilization of self-care practices.

Recommendations for Social Work Practice

The findings indicate first responder social workers experience several challenges that negatively impact their ability to engage in self-care practices. The theory of self-care highlights that to increase self-care, self-care deficits, behaviors, and barriers to self-care must be reduced (Orem, 1991). The research shows that a lack of time and/or difficulties with prioritizing time and a negative mindset about self-care create barriers to using self-care practices. Additionally, an unsupportive work environment and overidentification with a professional role are also barriers to utilizing self-care practices.

The first recommendation for reducing barriers to self-care is to promote a work culture that encourages self-care and supports its employees in prioritizing self-care both in and out of the work environment. The workplace can incorporate self-care language into the organization's structure, such as in the employee handbook, supervision, and continuing education training requirements, and normalize the conversation about self-care within the work environment. The organization's prioritization of self-care can serve

as a model for social workers to prioritize their self-care practices. A flexible, supportive workplace that allocates time and/or resources for their employees to help them prioritize their self-care may help reduce barriers experienced by social workers related to lack of time or difficulty making time for self-care. Such resources could include strategies for dialogue about proper time management and prioritization of self-care to support a healthy work–life balance in which social workers are encouraged to have healthy boundaries with work. This includes supporting social workers to say no to extra tasks/responsibilities and/or overtime, especially if the symptoms of lack of self-care are present.

The second recommendation is to address the barriers related to a negative mindset around self-care and over-identification with one's professional role. As found in the research, participants expressed that their self-care practice improved over time, especially through support from supervisors who stressed the importance of self-care. Supervision can play a vital role in addressing barriers to utilizing self-care practices, such as mindset and identity issues. First, supervision should be centered around viewing the social worker as a person first versus as an employee to support social workers with the overidentification of their professional role. Supervision should allow for discussions about an individual's struggles with self-care and the negative mindsets that create barriers to using self-care practices. The supervisory relationship can serve as a place where the supervisor can model more flexible views of self-care and increased self-compassion. The supervision goals should also include providing social workers with tools and skills to create an outlook that supports an individualized approach to self-care.

The study's findings will impact my social work practice as an advanced work practitioner by highlighting the importance of identifying potential self-care deficits within my own practice to give me insight into how I can better support my overall self-care practice. As evidenced by the research findings, a lack of self-care negatively impacts the social worker. To ensure that I am providing the highest quality of care to my clients, I must look at my self-care practices and assess if I am experiencing any of the negative effects of lack of self-care. I will identify any areas that may need additional attention to ensure that I am engaging in regular self-care and mitigating the adverse effects that may be present.

The study's findings can be transferable to other areas of social work practice. The negative impacts of stress and burnout are common phenomena within the social work profession, as approximately 33% of social workers experience burnout (Gómez-García et al., 2020). Given that social workers are susceptible to experiencing the effects of burnout, more education and training about self-care use can benefit all social workers to reduce the underutilization of self-care within the social work profession (Miller et al., 2019). Although the current research focuses on the experiences and utilization of self-care practices of first responder social workers, understanding the challenges of self-care utilization found in this study may offer insight and be applicable to other areas of social work practice. Understanding the challenges social workers face that impact their utilization of self-care practices allows for problem-solving solutions to be implemented on a broader scale. For example, this information can inform policies that require MSW programs to provide courses and/or training to students that address the real-world

challenges of utilizing self-care within the field of social work. The focus should be to prepare future social workers with strategies to address their challenges and support them in having the skills necessary to increase self-care use. Such a policy will better equip future social workers to care for themselves and thus positively impact their ability to care for their clients.

One limitation of this study is the lack of interview questions inquiring about the specifics of the frequency of utilization of self-care practices. The interview questions gathered information about the experiences and if self-care practices are utilized. However, it is unknown how often these self-care practices are utilized. More information is needed about the frequency of self-care use and its impacts on the social worker's functioning. Recommendations for further research are necessary to obtain information about how often self-care practices are utilized and their effects. This information can provide social workers with more guidance about the best practices for self-care.

I will disseminate the recommendations made in response to the findings of this research. The results will be shared with each participant who contributed to the knowledge gained during this study. The program director of the local organization will also receive a copy of the approved publication.

Implications for Social Change

The knowledge and understanding of first responder social workers and their utilization of self-care practices have the potential to improve social work practice. Specifically, knowledge of the barriers that exist and negatively impact consistent

utilization of self-care practices can inform solutions to increase consistent self-care use. Understanding these can help organizations, schools, and other entities that have contact with future or current social workers provide them with the proper support and resources to mitigate these barriers.

Summary

Self-care is an important concept in social work due to its ability to reduce levels of burnout and impact the quality of services provided to clients (Lewis & King, 2019; Xu et al., 2019). Self-care continues to be underutilized within the social work profession (Miller et al., 2019). I engaged in a study to explore the experiences and understand the utilization of self-care practices within first responder social workers through semistructured interviews. Through in vivo coding data analysis procedures, several themes emerged. The study provided information about social workers' knowledge of self-care, their use of self-care practices, and the benefits and challenges experienced with self-care utilization. The study confirmed previous findings that self-care use reduces stress and burnout (Rupert & Dorociak, 2019) and creates positive outcomes for the social worker (Cuartero & Campos-Vidal, 2019), such as an improved ability to manage emotions, increased mental clarity, enhanced problem-solving abilities, improved decision making. The study also provided insight into the challenges that impact social workers' utilization of self-care practices. These challenges included a lack of time, difficulty prioritizing self-care, and lack of motivation due to exhaustion and/or mental overstimulation. Social workers identified an unsupportive work environment as a challenge to engaging in self-care practices. A negative mindset that includes self-

judgment, criticism, and comparing oneself to others around one's self-care practices also posed challenges to engagement in self-care practices due to increased pressures about self-care that took away from the positive benefits of the practice. The last challenge identified was the lack of an identity outside the profession that posed barriers to self-care. The understanding of these challenges allows for solutions to be implemented to increase self-care utilization and support the well-being of social workers and their ability to provide quality services to their clients.

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Appendix: Individual Semi-structured Qualitative Interview Questions

RQ 1: How do southern California first responder social workers describe their experiences with self-care?

1. Please describe what self-care means to you.

2. Please describe your experience with self-care.

3. Please describe what self-care practices, if any, you engage in.

4. Please describe any potential benefits, if any, of self-care use you experience.

5. Please describe any potential challenges, if any, of self-care use you experience.