

2022

The Impact of Agency Culture on a Supervisor's Modeling of Self-Care to Social Workers

Lacey Maxwell Godsby
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Social Work Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Lacey Maxwell Godsby

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Jaegoo Lee, Committee Chairperson, Social Work Faculty
Dr. Alex Casiano, Committee Member, Social Work Faculty
Dr. Debora Rice, University Reviewer, Social Work Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

The Impact of Agency Culture on a Supervisor's Modeling of Self-Care to Social

Workers

by

Lacey Maxwell Godsby

MSW, University of Texas at Arlington, 2007

BS, Southwestern Assemblies of God University, 2005

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

November 2022

Abstract

Supervision is a field standard in which experienced social workers assist other social workers by modeling practical skills and teaching self-care standards. However, an agency's culture has the potential to negatively affect a supervisor's ability to model self-care to social workers in a mental health setting, which can in turn increase the risk of burnout and the potential for harm to the agency including decreased employee retention, decreased employee satisfaction, and lower quality client care. The purpose of this project was to explore how agency culture affected a supervisor's ability to model necessary self-care techniques to social work professionals. Another aim was to identify supervisors' opinions on the effects this modeling has on employee burnout, employee retention and satisfaction, and client care. A systems theory framework was used. The research question concerned how social work supervisors describe the effect agency culture has on the ability of supervisors to model necessary self-care techniques in a mental health treatment setting. The generic qualitative research design included interviews with 10 social work supervisors in a mental health setting. Thematic coding was used to identify common themes including direct communication, indirect communication, schedule limitations, and productivity requirements. The study furthers understanding of the role of agency culture in mental health settings. The potential implications for social work practice and positive social change include a decreased risk of burnout and an improvement in client care.

The Impact of Agency Culture on a Supervisor's Modeling of Self-Care to Social

Workers

by

Lacey Maxwell Godsby

MSW, University of Texas at Arlington, 2007

BS, Southwestern Assemblies of God University, 2005

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

November 2022

Dedication

The journey to complete this process has not been one that I have traveled alone. My family, colleagues, and friends have each provided encouragement and support. Mom and Dad, thank you for raising me to be confident, determined, and persistent. You are the best role models. Josh, thank you for being my advocate and helping (forcing) me to make time to reach my goal. Tiny humans, you are capable of changing the world.

Acknowledgments

Thank you to Dr. Lee, Dr. Casiano, and Dr. Rice for guiding me through this process and allowing me to benefit from their knowledge. Special thanks to each of the interview participants who volunteered their time to be a part of this research process and contribute to the field of social work. I would also like to thank my family for believing that one day I would end up here. To Josh, thank you for supporting me through the last part of this journey and always insisting that I put time aside to reach this goal. To my tiny humans x 6, it is an honor to be your mom. To Callie for being my sidekick through the whole process. To my fellow faculty at SAGU, thank you for encouraging me and teaching through example. Now, let's eat cake.

Table of Contents

List of Tables	iv
Section 1: Foundation of the Study and Literature Review	1
Introduction.....	1
Problem Statement	2
Purpose of the Study and Research Question	4
Nature of the Doctoral Project	6
Significance of the Study	7
Theoretical Framework.....	8
Values and Ethics.....	10
Review of the Professional and Academic Literature.....	11
Theoretical/Conceptual Framework.....	11
Self-Care	14
Burnout, Compassion Fatigue, and Secondary Trauma.....	16
Social Work Supervision	20
Agency Culture	25
Strengths and Weaknesses With Current Literature	28
Summary	28
Section 2: Research Design and Data Collection	30
Introduction.....	30
Research Design.....	30
Methodology	31

Participants.....	32
Instrumentation	33
Data Analysis	34
Ethical Procedures	36
Summary.....	37
Section 3: Presentation of the Findings	38
Introduction.....	38
Data Analysis Techniques.....	39
Findings.....	41
Sample Description.....	41
Theme 1: Direct Communication.....	43
Theme 2: Indirect Communication	45
Theme 3: Schedule Limitations	46
Theme 4: Productivity Requirements	48
Summary.....	50
Section 4: Application to Professional Practice and Implications for Social Change	51
Introduction.....	51
Application to Professional Ethics in Social Work Practice.....	51
Recommendations for Social Work Practice	53
Implications for Social Change.....	56
Summary.....	57

References	58
Appendix A: Interview Guide and Questions	66
Appendix B: Interview Response Rate	68
Appendix C: Description of Agency Culture.....	69
Appendix D: Effects of Lack of Self-Care	70

List of Tables

Table 1. Summary of Interviewees' Experience41

Section 1: Foundation of the Study and Literature Review

Introduction

Self-care in the field of social work is a necessary skill to have to reduce the risk of burnout, which is a negative reaction to workplace stress that in turn decreases the social worker's ability to be effective (Newell & MacNeil, 2010). Lewis and King (2019) acknowledged this need for self-care due to the common intense emotional content of client experiences such as maltreatment and social injustice and the subsequent increased risk of burnout that a social worker might face as a result of their professional practice. The National Association of Social Workers (NASW) Code of Ethics requires social workers to act if their personal problems or stress levels are at a level that could cause impairment or effect their ability to provide the best possible care possible to clients (NASW, 2021). A lack of use of self-care techniques can produce symptoms such as premature burnout, reduced quality of work, and decreased satisfaction in one's personal life, as well as have potential negative effects related to client care (Walsh, 2013).

In this project, I sought to understand the viewpoints of supervisors in a mental health setting regarding the impact of the agency's culture on their ability to model self-care to their employees. I conducted qualitative interviews with supervisors to answer the study's research question (RQ). The study's implications for positive social change include insight that social work leaders can use to change agency culture to better support social work supervisors.

In this section, I will discuss the identified problem as well as state the purpose statement and research questions being proposed. The nature of the doctoral project

along with the significance of this study will be addressed. The theoretical framework will be outlined along with any ethical or value concerns. Lastly, this section will include a review of current professional and academic literature in this area.

Problem Statement

The problem is that the agency culture has the potential to negatively affect the supervisor's ability to model self-care to social workers in a mental health setting. This can in turn increase the risk of burnout and might result in negative effects on the agency including decreased employee retention, decreased employee satisfaction, and negative effects on client care (Lewis & King, 2019). Karvinen-Niinikoski et al. (2019) identified a connection between the agency's culture and the supervisor's ability to model self-care. Miller et al. (2018) acknowledged the importance of self-care for social workers in avoiding negative effects.

Lewis and King (2019) discussed techniques and methods that site supervisors at a practicum placement use to teach social work students self-care techniques. Additionally, at the university level, students are taught in the classroom about self-care and the need for this skill once they are in a practice setting (Moore et al., 2011; Smullens, 2015). Social work students at this point in their training have likely not experienced fieldwork to the level that self-care is seen as a necessity. Although some students might have exposure to the field through practicum or volunteer work, they have yet to experience the pressure of individual responsibility for clients as well as full-time exposure to clients who have potentially experienced trauma or are in crisis. At this stage prior to actively working in the social work field, students might not truly comprehend

the need to implement self-care practices into their professional social work skillset (Diebold et al., 2018).

Similar to the role of a supervisor at field education sites, the agency supervisor's ability to model self-care in a professional setting is vital in the development of the social worker's skills (Lewis & King, 2019). Although researchers such as Lewis and King have examined this relationship, they have not focused on the influence that the agency culture might have on the supervisor's ability to model self-care to their employees, according to my review of the literature. More research is needed to determine how agency culture effects the ability of clinical supervisors to model the use of self-care techniques to social workers in a mental health setting. A majority of mental health professionals in the United States are licensed social workers who commonly work with insufficient resources and clients in crisis situations, as well as clients including those who are experiencing suicidal or homicidal ideations (Maschi et al., 2009). Engaging with this type of work on a frequent basis requires social workers to practice self-care to avoid burnout or *compassion fatigue*, which is a term used to identify when professionals experience both physical and emotional exhaustion that limits their ability to show empathy. In examining adequate communication and flexibility between the supervisor and supervisee as key aspects of agency culture, Gilley (2006) identified a strained relationship between the supervisor and supervisee as the primary reason many employees choose to leave their job. The use of self-care techniques by clinical supervisors in an agency setting might be affected by the nature and demands of their roles in the profession and requirements of the agency (Miller et al., 2018). The

supervisory relationship is an essential tenet in the field of social work allowing supervisors to impart knowledge and model best practices to supervisees by case consultation as well as direct observation. As a result, this relationship can have a strong influence on the practice abilities or limitations of the supervisee's development (Bernard & Goodyear, 2014).

Karvinen-Niinikoski et al. (2019) identified how the constraints of an agency culture that directly dictates the role of the supervisor effects the ability of the supervisors to model self-care strategies and other necessary professional skills. This restraint occurs to the extent that the social institution of supervision is fractured by not giving sufficient autonomy to the supervisor to allow the employee to benefit from supervision. This in turn does not allow the relationship to produce the same developmental results. The specific areas for direct practice social workers in a mental health setting can include hospital-based services, nonprofit environments, or private practice. Each of these settings potentially expose the social worker to chronic mental illness, crisis management, limited resources, and fast-paced environments (Walsh, 2013). Supervisors have likely worked in the areas of practice of the supervisee, providing them firsthand knowledge of the potential risks of not managing self-care as well as providing knowledge of how to model self-care in the practice setting.

Purpose of the Study and Research Question

The purpose of this qualitative study was to explore supervisors' perspectives of the impact of agency culture on their ability to model necessary self-care techniques to social work professionals. Additionally, I sought to explore supervisors' perspectives

regarding the effects this modeling has on employee burnout, employee retention and satisfaction, and client care. I sought to answer the following RQ: How do social work supervisors describe the effect agency culture has on the ability of supervisors to model necessary self-care techniques in a mental health treatment setting? The following definitions are used in this project:

Agency culture: Behaviors, actions, and viewpoints that are acceptable and displayed within a specific agency (Torry et al., 2005).

Burnout: A phenomenon that is caused when exposure to trauma or work-related stress occurs and negative emotions outweigh one's ability to cope (Figley, 1997).

Compassion fatigue: A phenomenon that occurs when providers experience a physical and/or emotional tiredness and lower level of empathy due to a focus on their output rather than their self-care (Figley & Ludick, 2017).

Self-care: The use of coping skills or activities that help to replenish one's ability to give to others (Lewis & King, 2019).

Supervision: A core tenet in the field of social work that involves oversight of a social worker from another more experienced social worker who is responsible for ensuring competency in that area of practice (NASW, 2021).

This project is needed in the field of social work to provide greater understanding of environmental factors that can affect supervisors' ability to model self-care to their employees. This project is an original contribution to the field of social work and could potentially advance the profession by providing support to social workers in the mental

health field. This project can also provide insight to agency stakeholders as it relates to the needs of their employees.

Nature of the Doctoral Project

I used a basic qualitative research design to determine supervisors' perspectives about the effects that agency culture has on a supervisor's ability to model self-care techniques to social work professionals in a mental health treatment setting. Kahlke (2014) outlined the boundaries, limitations, and benefits of the basic qualitative research approach. Kahlke noted that this approach allows for the input of specific individuals to produce a consensus regarding general beliefs and views regarding a specific area of focus. The purpose of the study aligns with this approach. The literature review was the basis for the formulation of the interview questions, and the open coding process facilitated the development of themes (see Howard-Payne, 2016). Percy et al. (2015) reviewed how a basic qualitative study is most appropriate when a study has specific areas and questions that a researcher wishes to understand from the participants' perspective. In addition, the use of a general qualitative approach allows the researcher to analyze and code individual opinions of a specific group can provide a statistical accuracy of views.

In qualitative research, how the data are collected can be an integral variable that must be considered and weighted prior to the researcher beginning the process (Ravitch & Carl, 2016). Researchers who use individual interviews as a method of data collection select individuals to interview based on their knowledge of a particular subject. The interviews are likely structured and recorded; they often involve a back-and-forth

dialogue between the interviewer and the interviewee. The interviewer takes notes as well as records the conversation (Rubin & Rubin, 2012). For the purpose of this project, qualitative narrative interviews were most appropriate to gather information. I gathered data via interviews (offered both in person or via video chat). The data were projected to include responses from 10 to 12 participants and were coded to determine themes. I used social media and listservs to reach individuals who met the study's eligibility criteria.

Significance of the Study

The results of this project may contribute to the social work community at an individual practitioner and macro level by highlighting the importance of the supervisory relationship. The study findings may also contribute to the profession by providing insight on the role that agency culture can play in the ability of a social worker to practice self-care and provide good client care. Additionally, the study has the potential to provide agency leaders with insight on how a deficit in this area can result in employee burnout, decreased employee retention, decreased employee satisfaction, and lower quality client care. The implications of the study emanate from its production of knowledge regarding how agency culture relates to the ability of supervisors to model self-care techniques to social workers in a mental health setting. Agency leaders can potentially use this information to develop future policies and procedural changes. These future changes can potentially improve the supervisor's ability to model self-care and result in social workers having better job satisfaction and providing a higher level of client care (Smullens, 2015).

Theoretical Framework

According to Grant and Osanloo (2014), the defined theoretical framework of a study provides an integral foundation for the study; inclusion of information about the framework assists the reader in understanding the research study. I used a systems theory framework for this project. Hutchison (2018) described systems theory (also known as the ecological approach) as a way to identify individuals' behavior that result from the interactions that occur within their environment. Systems theory highlights the influence that a system, environment, or culture can have on a person's behaviors. In the context of this project, it provided a foundation for understanding how agency culture (the system) could have an effect on a supervisor's ability to model self-care.

Bronfenbrenner (1979) founded ecological theory as a way to explain the relationship and interdependence of a person with their environment at multiple levels. It was within this theory that he focused on human development, specifically related to children and adolescents. As the theory was further developed by Rosa and Tudge, the focus was broadened to include families and all interrelated systems (2013).

Bronfenbrenner focused on environmental factors and influencing behaviors but also acknowledged that a person themselves can also influence their environment (Rosa & Tudge, 2013).

Bronfenbrenner (1979) preferred observation in a natural environment and believed that the presence of an observer or unusual environment provided skewed results. In developing the theory, Bronfenbrenner analyzed different settings to ensure replication of results. The ecological systems theory challenged previously developed

theories that focus on inner or past influences as the precipitant to behavior, such as Freud's psychodynamic theory (Hutchinson, 2018).

Fearnley (2020) furthered Bronfenbrenner's research by identifying how an individual's inner emotions, thoughts, and views can be directly correlated to other systems. This multilevel viewpoint highlights the interdependence between a person and the environment in an educational setting, specifically social work student learning. Fearnley (2019) further applied ecological systems perspective and the research of Bourdieu (1997) to individuals in an agency setting. Fearnley identified how the same concept could be more specifically applied within a work or agency setting. From this theoretical perspective, the influence of the social environment, be it individuals or, on a larger scale, agencies and agency culture, can be understood and the connections and potential causality can be evaluated. The effect that the environment has on an individual is given central focus.

I concluded that the systems theory framework was the best means of viewing the relationship between the agency culture, the supervisor, and supervisee. By using systems theory, a researcher is able to understand the relationship dynamic between the supervisor and supervisee as well as to investigate the effects of the supervisee's modeling of self-care techniques (Bernard & Goodyear, 2014). In the same way in which the agency culture models standards of behavior, the supervisor models this same standard of behavior to supervisees, and the entire system has an effect on the supervisee's behavior.

Pelech and Pelech (2014) further researched the ecological theory approach and applied it to social work education. Their research focused on the use of ecological theory

in social work learning and how the relationship between the student and the environment of education can be defined. The researchers also identified a correlation between cultural factors as an additional contributor to the influence on students in their learning environment as well as professionals in a work setting. Pelech and Pelech's findings provide further support for the use of a systems theory framework in the current project.

Values and Ethics

The NASW Code of Ethics (2021) is the universal guideline for all U.S. social workers in the area of ethical standards of behavior. Related to the research area, the values of importance of human relationships and competence are relevant. The NASW Code of Ethics acknowledges the importance of focusing on human relationships as a way in which change can occur in an effective manner. The supervisory relationship is also addressed in the Code of Ethics as a basic tenet and way in which the profession ensures growth and the preservation of social work values. The ethical principle of competency also applies to this clinical social work problem. This principle guides clinical social work practice in the area of mental health social work by ensuring that social workers practice with competency in all areas, including self-care. The purpose of this project was to identify how these social work values are being maintained through the supervisor's ability to model self-care to supervisees. This project supports the values of the NASW Code of Ethics by acknowledging the role that human relationships and competency play in the field of social work.

Review of the Professional and Academic Literature

To thoroughly understand the area of focus of this project, I conducted a comprehensive literature review. I searched multiple databases at Walden University Library including PsycINFO, Social Work Abstracts, SocINDEX, and APA PsycInfo. All articles searched were peer reviewed. I made an effort to find research published within the past 5 years. Key words for the database searches included the following: *agency culture, burnout, compassion fatigue, modeling, self-care, social work field practice, supervision, and mental health social work*. Types of research included peer-reviewed journal articles and textbooks focusing on the area of social work as well as journal articles related to close disciplines that addressed the same topics.

Theoretical/Conceptual Framework

I used a systems theory framework for the current investigation. Grant and Osanloo (2014) discussed how the theoretical framework of a research study provides a boundary of focus and a lens in which to examine data. It is through this lens that the research information is viewed and conclusions can be developed. Many researchers have examined the area of self-care in the social work field using different evidence-based theories. Boitel and Fromm (2014) focused their research through the lens of learning theory while Sansbury et al. (2015) used previously developed clinical assessment tools to measure and identify trauma in providers.

Related to this specific area of study, the ecological systems theory asserts that behavior occurs within the content of environmental influences (Bronfenbrenner, 1979). Bronfenbrenner (1979) developed the ecological systems approach by observing children

and adolescents in their natural environment to understand causes of behavior and the influence of various environmental factors. The ecological systems theory was developed to provide a way to understand the behavior of a person and how the context of their environmental influences can affect behavioral responses (Hutchison, 2018). In this project, the propositions of the ecological systems theory are evident in the impact of the culture of the mental health agency on the supervisor's ability to model self-care to social workers.

Bronfenbrenner (1979) concluded that there is a definitive relationship between an individual and the environment they experience. An example of this can be seen in how an individual in a healthy family system might use positive coping skills based on their observations of others in the family unit. The same individual might use negative coping skills if they are in a family environment where negative coping skills are often used as a response to stress. Bronfenbrenner's studies focused on personal as well as professional settings. The ecological systems approach focuses on how an individual's inner thoughts, emotions, and behaviors can be affected by the surrounding system.

Another theoretical approach that is recognized within the area of social work is learning theory. Boitel and Fromm (2014) focused on the signature pedagogy of field education within the social work profession. This acknowledgement came from a thorough study of learning theory that focused on the application of learning from a classroom setting to a professional, hands-on setting.

Lewis and King (2019) discussed how adding specific competencies and assignments for students related to self-care, compassion fatigue, burnout, and vicarious

trauma provided the student with content to learn and a structure to implement these strategies. Other researchers have applied learning theory to study supervisory communication of social workers in a health care setting. Kim and Lee (2007) proffered that different types of communication are needed depending on the supervisee's learning style. They determined that focus on the types of communication provided by supervisors could result in the supervisee having an increase or decrease in compassion fatigue and burnout.

Boitel and Fromm (2014) identified learning theory as a framework in their work relating to defining field education along with classroom content both as signature pedagogy for the social work profession. The researchers showed that social workers did not simply benefit from classroom knowledge related to professional skills and techniques but required field education to practice those skills in a supervised setting. This same format of supervision occurs in the agency setting, and the relationship between the supervisor and supervisee should be recognized as having the same necessary role.

The researchers discussed in this subsection used different theoretical approaches but all came to the general understanding of the importance of the relationship between the person and environment (Hutchinson, 2018). Both a systems perspective and learning theory highlight how social workers in the field can be influenced by the environment and culture where they practice. This framework defines social work practice and is essential to the social work perspective.

Self-Care

Self-care is defined as techniques that a person uses to avoid burnout, compassion fatigue, or secondary trauma (Lewis & King, 2019). Robinson-Keilig (2014) further elaborated on the definition of secondary trauma as the trauma-based symptoms a provider might experience after being told of a traumatic event of a client despite the fact that the provider did not directly experience the event. Using a quantitative study approach, Robinson-Keilig administered questionnaires to 417 licensed professionals. A key finding was that self-care activities are individualized and often differ from person to person. Miller et al. (2018) discussed the role of self-care as a necessary tool for social workers. Additionally, the International Federation of Social Workers (2004) also acknowledged that self-care is a central component for social workers from an ethical perspective.

The practice of self-care is a technique taught by social workers to clients. Self-care techniques must also be used by social workers to ensure their own personal well-being (Miller et al., 2018). The use of self-care techniques has also been linked to professionalism and the ability of workers to establish a sense of self-efficacy (Asuero et al., 2013). Bloomquist et al. (2015) researched and discovered that despite the understanding of its benefits, self-care techniques were often only occasionally used by social workers in health care settings. The lack of use further emphasizes the continued need for modeling and encouragement by supervisors in these types of settings. Additionally, Miller et al. (2018) determined that younger social work professionals were

more likely to struggle with self-care than older colleagues. These individuals are often in supervised roles in mental health settings.

Sansbury et al. (2015) identified self-care as the responsibility of the individual and organization and the participation in these techniques as a dual benefit. Their research showed a positive effect on the ability of the social worker to treat the client. The dual responsibility was also found in monitoring burnout using systematic approaches to self-care. Butler et al. (2016) furthered this research by conducting a quantitative survey of current college students who had completed a practicum course. Based on the results, Butler et al. concluded that trauma-informed training and emphasis on self-care in curricula should be emphasized to preserve the social worker's ability to provide care and in turn ensure quality care to clients.

Additional research was completed acknowledging the need for focus on self-care in the field. Grise-Owens and Miller (2021) focused on the continued need for recognition of the role that self-care has on the sustainability of social workers in the field. They primarily focused on the need for self-care to be taught in an educational setting and for self-care to be acknowledged by Council for Social Work Education (CSWE) as a needed area of focus. The focus on self-care acknowledged the need for this practice to increase sustainability of professionals in the work setting (Grise-Owens & Miller, 2021).

Myers et al. (2020) identified the need for professionals to continue to practice and engage in self-care techniques. For their qualitative study, they administered an online survey. They identified that the practice of self-care was a direct way for social

workers to avoid having a negative influence on clients. They identified and discussed barriers in multiple areas and acknowledged the need for professionals to recognize and combat these barriers.

Burnout, Compassion Fatigue, and Secondary Trauma

In professions such as social work, professionals are often exposed to the trauma experienced by clients. Although the terms can be often used interchangeable, *burnout*, *compassion fatigue*, and *secondary trauma* each have specific identifiers. Figley and Ludick (2017) researched the specific differences between burnout, compassion fatigue, and secondary trauma (also known as secondary traumatic stress) and acknowledged the importance of recognizing each individually. Each term merits further discussion.

Burnout

Figley (1997) defined burnout as a form of exhaustion as a result of exposure to stressors in a work setting. When a professional experiences burnout, they might experience both physical and emotional symptoms. This exhaustion that is experienced by the professional can result in an inability to connect with clients through rapport building, lack of empathy, and overall heightened sense of stress for the professional (Figley, 1997).

Newell and MacNeil (2010) sought to better understand the effects of trauma-related stress and professional burnout on direct care providers. Additionally, the authors strived to define each of these areas as separate phenomena to better conceptualize the need for identification and specific skills training in these areas. Newell and MacNeil focused on additional training at the education and agency level to ensure sufficient

support in these areas to avoid burnout and the other negative effects of trauma-related stress.

Newell and MacNeil's (2010) study was a meta-analysis of terms with the goal of providing a clear distinction between concepts and a pathway to enrich educational focus, which the researchers were able to do. The research in this area is rich; however, there is a need for clarification and appropriate application of data, according to the researchers. They focused on terms that relate to clinical practice at both the micro and macro level and distinguished between direct and in-direct contact.

Newell and MacNeil (2010) acknowledged the increased need for educational focus on self-care, burnout, and vicarious trauma. Further research is needed to apply the knowledge gained from the study and implement it into specific education curriculum at both the school and practice level. The information can be applied and used on a global basis in other professional areas and can also be focused on specializations within the field (Newell & MacNeil, 2010).

Compassion Fatigue

Figley and Ludick (2017) defined compassion fatigue as a symptom or result of exposure to trauma by professionals that is identified by a decreased ability to connect along with outward signs potentially both mental and physical symptoms. Along the same lines, Khan et al. (2015) defined compassion fatigue as a lessening of compassion over time by health care providers. Although this phenomenon was originally studied in relation to nursing professionals, it is pertinent to social workers, who provide care to the same individuals and are also exposed to their trauma. Khan et al.'s research revealed that

compassion fatigue effected the original mission that led helping professionals into their profession, which is oftentimes to help others. This eroding of core reasoning to work with others experiencing trauma can have a negative effect on the professional's desire and ability to maintain in their work setting.

Geofrrion et al. (2016) sought to further identify the effects of compassion fatigue on child protective services workers. The researchers used identity theory to explore the impact of compassion fatigue on one's professional identity. Previous research using the compassion fatigue model only addressed the trauma and stress the workers observed, and not how their view of the stress could affect their levels of compassion fatigue.

Geofrrion et al. (2016) analyzed the compassion fatigue model alongside the concept of professional identity and identity theory. Connections were established through the comparison study and different themes were evaluated in four different areas of stressors. The authors used multiple different theoretical approaches and included different perspectives from current literature on the topic.

The findings of this project may be applicable to different professional specialties within the social service arena. The emphasis on identity it is an important facet to consider in future research as it is a major factor in how an individual might view work-related stressors. Further study is needed to determine how these concepts apply to other professionals as well as how educators and researchers can best support professionals in the area of professional identity to avoid compassion fatigue. Additionally, research can also be focused on the macro level of identity to determine whether individual identity at the micro level has different implications (Geofrrion et al., 2016).

Secondary Trauma

Secondary trauma was defined by Figley (1995) as the trauma experienced by providers or others who are indirectly exposed to the trauma of others. In this type of experience, the professional does not have to be directly exposed to the event or situation; they can exhibit the negative symptoms after hearing about the traumatic event and observing the effects that it had on the client's well-being. The presence of secondary trauma can occur even when the professional has not experienced any trauma themselves.

Berger and Quiros (2014) researched the role of supervision and secondary trauma in helping professionals. They reviewed case studies and found a lower likelihood of secondary trauma in individuals who were provided trauma-informed clinical supervision. The study also found that direct monitoring while supervisees practiced their skills was beneficial in ensuring application of the principles taught in supervision.

Adams and Riggs (2008) noted a higher risk for new clinicians for secondary trauma through the use of questionnaires completed by graduate school students in the counseling and clinical fields. Their study further substantiates the need for supervision in this area for new social workers practicing in the field.

Using constructivist self-development theory and structural equation modeling, Middleton and Potter (2015) showed a connection between trauma exposure and turnover rates in child welfare professionals. The frequent exposure to trauma in this setting as well as setting for mental health professionals, produced a higher risk for providers to be affected by secondary trauma, burnout, and compassion fatigue. The high risk of turnover

had a direct effect on the agency's ability to provide services and the clients ability to receive skilled interventions.

Sansbury et al. (2015) researched the negative effects of burnout, compassion fatigue, and secondary trauma on mental health professionals. Their research showed that both the individual as well as the agency held responsibilities to encourage self-care in order to avoid these pitfalls. Monitoring of these symptoms fell on both the individual and the agency.

Each researcher concluded that the negative effects of burnout, compassion fatigue and secondary trauma could all be detrimental to professionals in helping professions. Figley (2017) encouraged appropriate definitions in order to identify each of these concerns as well as researched the need for resiliency models and interventions in order to avoid, as well as treat, the symptoms. A multi-faceted approach of education, identification, and intervention was seen as most effective.

Social Work Supervision

Supervision is a tenet of practice in the field of social work. This relational approach to education is seen at all levels of practice. Diebold et al. (2018) sought to analyze how master's social work (MSW) students viewed the need for self-care. One of the precipitants to the research study was the lack of student use of the self-care program and a desire to alter the program to better meet the needs of the students. It was determined after a qualitative study evaluating the results of an online survey that students perceived self-care as related to the categories of health, time, activities, balance and professionalism.

Supervision is also used as a learning and developmental tool in other disciplines outside of the field of social work. In a mental health setting, social workers typically work with an interdisciplinary team (Maschi et al., 2009). Professionals such as licensed professional counselors, licensed psychologist and licensed marriage and family therapist all use a supervision-based approach to learning. Other disciplines such as nurses, medical physicians and psychiatrists also use internships and receive direct supervision in order to develop their skills.

Diebold's et al., (2018) sought to understand the perceptions of the students, which at the time was seen as a gap in the literature related to self-care. The researchers used an online survey of two questions to current MSW students and then analyzed and categorized the responses of the convenience sample. The sample size of 209 out of 505 students, including a mixture of full-time and part-time students of different program years, appeared to be sufficient compared to the size of the student body. The researchers also acknowledged that the students struggled to stay on topic in their responses and that more specific or additional questions might have strengthened the results. The limitation of not knowing the opinions of the portion of student body that did not respond could alter the results. The information can be used in future studies by understanding the different areas identified related to self-care as well as by learning from the limitations noted in the questions with more specific survey prompts. The information is also useful in providing insight into new ways to manage the self-care program on campus to better meet the needs of the students as stated in the original problem statement (Diebold et al., 2018).

Berger and Quiros (2016) asserted that supervision is a tool that creates an avenue for successful service delivery. Berger and Quiros concluded that trauma-informed clinical supervision considers the needs of the supervisee, which in turn produces more skilled providers. The consistent availability of the supervisor in both formal and nonformal settings were considered as important by those surveyed. Additionally, the agency setting and culture were both identified by the participants as important variables that effected the effectiveness of supervision. The role of top administrators in creating a culture where supervision was valued was also recognized as vital (Berger & Quiros, 2016).

Tugendrajch et al. (2021) researched the use of clinical supervision as a means of best-practice for various helping professions through reviewing and comparing supervision guidelines of multiple different licensing boards of helping professionals. The focus on competency, assessment, and goal setting was found as major components necessary to set a healthy supervisory foundation. The use of supervision in social work aligns with the use of the same tool for psychologist and licensed counselors. Tugendrajch et al. (2021) identified the ability of the clinical supervisor to model the taught practices as a main element.

Alfonsson et al. (2018) focused their research on the use of supervision for individuals providing therapy, specifically cognitive behavioral therapy. The findings of their research showed positive correlations between the effectiveness of supervision in both the supervisee as well as the client compared to individuals who did not receive supervision. Although some of the study determined that additional research was needed

to confirm or further elaborate on the results, it was noted that real time supervision was determined as an effective tool (Alfonsson et al., 2018).

The Code of Ethics (NASW, 2021) defined practicing with competency as one of the basic tenets of social work. One of the areas of social work education that has found to be necessary and beneficial in the area of competency is supervision. Wade and Newman (2007) discussed the importance of using practical, evidence-based approaches in the field of social work. The use of supervision, specifically field supervision, has been identified as necessary and proven to be effective for professional growth.

Within an agency setting, new social work employees are typically supervised by more seasoned or experienced social workers. Typically, agencies provided introductory trainings though new hire orientations and then further on the job training is provided by direct supervisors. This relationship is vital to the benefit of the employee as the supervisor understands the roles, needs, and expectations of the employee. Torry, et al. (2005) described this relationship and the effects that a positive agency culture can have on the supervisory relationship.

Modeling/Teaching

Social work as a profession acknowledges the role of supervision as a necessary tenant for newer social workers to be able to engage in best practices. Berger and Quiros (2014) stated that supervision was the primary method of transferring knowledge, practice skills, and values to newer service providers. Moore et al. (2011) reviewed the role of self-care education for students in an educational setting. Moore et al. determined that focusing on teaching and modeling self-care was an essential role of the practicum

supervisor in order to instill this skill in new social work professionals. Additionally, the study determined that the lack of focus on self-care practices by teachers/supervisors could adversely affect career longevity.

Moore et al. (2011) discussed risk related to lack of self-care including increase chance of illness, increase stress, and students feeling overloaded. The research reviewed a reflective assignment involving journaling that students could use in their practicum placement to document self-care on a bi-weekly basis. The results found multiple categories of self-care and an improvement in stress levels for those who participated in self-care techniques as well as an improvement in functioning at school and their practicum.

Lewis and King (2019) determined the specific focus of self-care at a school practicum setting was necessary to avoid student burnout, compassion fatigue, and vicarious trauma. In this qualitative research approach, students were provided a separate course cooccurring with their practicum work where they were guided by a professor/supervisor who focused their attention on self-care and provided continual lessons and assignments in this area. This same focus correlates to the role of the supervisor in a mental health setting who is typically over social workers who are recently out of the academic setting.

Boitel and Fromm (2014) discussed the difference between transferring learning and integration of learning through the lens of learning theory. Their research showed that integration of learning occurred with a combination of the student's internal understanding of the material along with the supervisors/teacher's planned application

strategies and teachings. This concept can be correlated to social work supervisors in a mental health setting who most intentional model self-care as a part of the supervisees continued education.

Karvinen-Niirikoski et al. (2019) discussed professional supervision as a relationship that helped to build professional identity. Their study highlighted the longstanding role that supervision has held in the field of social work. Karvinen-Niirikoski et al. (2019) also focused their research on the potential negative effects of management as a potential source of friction due to varying roles and responsibilities. It is also mentioned in their research that the supervisory relationship focuses on promoting excellence within the profession.

Agency Culture

Torry et al. (2005) acknowledged the correlation between a positive agency culture and the productivity and ability to adequately supervise and train social work students through a small-scale study that highlighted the benefits of matching employees and their agency setting. The small-scale study used questionnaires of teachers at the University of England requesting feedback of student readiness. The findings resulted in providing rationale for agencies in the mental health field to develop policies and procedures that encourage and promote self-care and the ability for supervisors to model self-care techniques to supervisees as well as allowed for direct supervisors to have a role in the contracts and expectations set for students. Torry et al. (2005) created awareness on the importance of agency culture in the relationship between the supervisor and supervisee and addressed potential conflict or lack of support on behalf of the agency

towards the supervisor as a noted barrier. This in turn effects the agency's overall on employee job satisfaction, retention, and client care (Wade & Neuman, 2007).

Miller et al. (2018) discussed how the field of mental health social work and those working in this type of agency might be at greater need of self-care due to agency procedures, funding cuts, and other external factors. These factors occur within an agency setting and can directly affect a supervisor's ability to model self-care. Funding cuts and continued agency day to day requirements can both monopolize the supervisor's time and often result in employee's self-care not being the main focus of the supervisor. This can result in supervisee's working overtime, working through breaks, or handling higher caseloads.

Miller et al. (2018) conducted a cross-sectional exploratory study in which they surveyed 1,011 individuals who worked in health care settings regarding their self-care practices. They found that despite the necessity of self-care, individuals in these settings typically do not practice self-care. Miller et al. discovered that additional factors that could have contributed to the scoring included relationship status, educational level, financial status, as well as individual health status. Despite all of these factors, a lower level of self-care was seen across the agency settings. Miller et al. concluded that the encouragement of self-care was needed at both an individual as well as an organizational/agency level to ensure appropriate self-care practices are observed.

Kanter and Sherman (2017) discussed different methods that agencies can use to promote self-care. These methods promoted "we care" initiatives and stated that traditional wellness programs and services were not sufficient for employees in the area

human services. Rather than this approach, Kanter and Sherman (2017) discussed the need for training as well as continued reinforcement in the work setting to promote self-care. This corresponds closely with the focus of the current investigation relating to the need for supervisors to model self-care in mental health settings to their supervisees.

Middleton and Potter (2015) determined a positive correlation between vicarious traumatization of employees and a higher turnover rate in child welfare setting, which is an agency setting similar to the mental health field as it relates to employing social workers who are exposed to trauma. This frequent change in staff, need to reassign clients, and inconsistency within the workplace not only has a negative effect on employees but can also affect client care. High turnover often causes additional work requirements for supervisors which can be time consuming and decrease the time they are able to supervise current employees and model self-care.

Sansbury et al. (2015) researched tools for social workers in the area of self-care, focusing on individual as well as organizational level responsibilities. It was determined that at an organizational level there is a great level of power that can either foster positive response or increase negative responses to trauma. Sansbury et al. argued that a larger understanding is required at the organizational level (agency culture) in order for self-care to be encouraged and burnout avoided. It was also identified that continued training by supervisors as well as ongoing support was necessary to encourage self-care and avoid burnout.

Strengths and Weaknesses With Current Literature

The social work field has already identified the importance of supervision as well as the vital role that self-care plays for social workers to be effective at serving populations in a variety of agencies. The research reviewed provided a consensus in both of these areas through multiple theoretical approaches, research approaches, and data analysis. The Code of Ethics (2021) and CSWE social work competencies (CSWE Commission on Accreditation, 2017) also highlight these roles in service delivery and professionalism.

Although agency culture has been researched by many, the direct effect that agency culture plays on the social worker's ability to model self-care has not specifically been an area of focus. Additional areas of weakness occur with current research being broad in its focus towards child welfare workers or social workers in general. Further focused research is needed to determine the specific effects in a mental health care setting.

Summary

The topics discussed in this section provide a foundation for understanding the role that supervision serves in the social work profession to assist supervisees in avoiding the effects of burnout, secondary trauma, and compassion fatigue through the use of self-care. The use of supervision within the identified setting was reviewed as well as the effectiveness of modeling behaviors. Social work values and ethical standards were identified. The problem statement and RQ are specific and relate to a current area of focus in the social work field.

Researchers in the past used both qualitative and quantitative studies to gain data in each of the areas. The need for focus on this area as well as an identified theoretical approach have been determined. A direct correlation between the focus of this project and the identified values of the field of social worker has been identified. The literature review highlights previous studies and sets a foundation for this research focus.

The findings from the literature review provided insight into the area of study by exposing the importance of the role of supervision and how the positive and negative effects on the client and the social worker can be seen. Although many separate areas of the problem statement have been researched, the direct effects of the agency culture within a mental health setting remains a gap in the literature. The research approach and data collection in the next section will seek to close this gap and provide an evidence-based understanding to how the relationship between the supervisor and employees can be affected.

Section 2: Research Design and Data Collection

Introduction

The social work practice problem focused on in this project is that the agency culture has the potential to negatively affect the supervisor's ability to model self-care to social workers in a mental health setting. This can in turn increase the risk of burnout and might result in negative effects on the agency including decreased employee retention, decreased employee satisfaction, and lower quality client care (Lewis & King, 2019). In this section, I focus on the types of data and sources of information for this project. The research design and methodology will be outlined. I will review the data analysis plan as well as discuss ethical concerns.

Research Design

The purpose of this project was to explore how agency culture effects a supervisor's ability to model necessary self-care techniques to social work professionals. Additionally, I wanted to explore supervisors' perspectives on the effects this modeling has on employee burnout, employee retention and satisfaction, and client care. I sought to answer the following RQ: How do social work supervisors describe the effect agency culture has on the ability of supervisors to model necessary self-care techniques in a mental health treatment setting?

I used a qualitative research design to examine supervisor perceptions about the effects of agency culture on a supervisor's ability to model self-care techniques of social work professionals in a mental health treatment setting. I conducted qualitative narrative interviews to gather appropriate information to address the study purpose. The rationale

for using this method was that it allowed for individuals who had worked as a supervisor in a mental health setting to have a voice and be able to express their own experiences. In addition, use of this method allowed for the data to be depersonalized and for confidentiality to be ensured (Cypress, 2017). Data were gathered from interviews that were conducted via video chat. Participants were recruited through social media and listservs. I sought individuals who were directly involved in the relationship dynamics that were the focus of the study. I wanted to provide them an opportunity to share their views and experiences.

The purpose of the study aligned with the approach and methodology. Using a qualitative approach and a theoretical framework of systems theory allowed for a better understanding of the effects of agency culture on supervisors by allowing supervisors to be the source of data. The methodology of the qualitative study was best implemented by individual interviews with supervisors in the mental health field.

Evidenced-based research standards were used in this project. Operational definitions are needed to ensure the validity of the data in research studies (Rubin & Rubin, 2012). I generated the codes for this study based on the participants' responses to the interview questions. All interviews that were initiated were completed therefore there were no concerns on how to include partial data.

Methodology

Methodology is considered a vital part of the research process and is critical in ensuring that the data collected are reliable and trustworthy and show academic rigor (Cypress, 2017). For this basic qualitative study, I coded participant responses to identify

themes to adequately respond to the RQ. The generic qualitative approach is frequently used when it is necessary to gather responses to individual questions and when seeking opinions of a specific group (Percy et al., 2015). The purpose of the study aligned with this approach. I used the findings of the literature review to formulate the interview questions (see Howard-Payne, 2016). Also, the open coding process allowed for participants' responses to be considered in full and to inform the development of themes (see Howard-Payne, 2016). The participants of the study and the methods for collecting data were critical components of the methodology.

Participants

I anticipated a sample of 10 to 12 social workers who worked or had worked in a mental health treatment setting in the role of supervisor to other social workers in the field. Guest et al. (2006) noted that the point of saturation is when common themes are able to be categorized and appear to fall within developed categories consistently without outliers present. I set the initial sample size goal as 18-20 participants to account for dropout rates. Guest et al. used a technique of interviewing six participants, checking for saturation, and continuing to interview at that interval in order to determine saturation.

I followed Guest et al.'s (2006) method when identifying the number of participants for this study. Their approach aligned to the problem statement and purpose of this research; by using it, I was able to recruit a sufficient number of participants to describe the effects of the agency culture on the supervisor's ability to model self-care strategies. The number of social workers interviewed for this project provided a sufficient

data set to protect the supervisors' identity and as well as ensure validity and reliability (Burkholder et al., 2016).

Social workers who were current or previous supervisors in a mental health setting, including for-profit and nonprofit settings, constituted the study sample. Due to the number of mental health settings in each state, supervisors could be recruited from a national level. A minimum of 6 months in a supervisory role was desired. The only other exclusionary criterion was supervisors whom I had worked directly with in a professional setting; I excluded these individuals to prevent biases or concerns with the credibility of the research. I considered also interviewing separately social work supervisees in this setting to gain their perspective; however, many of the social work supervisors interviewed in this study had previously worked as supervisees in these settings prior to their supervisory role, which can provide an additional perspective. Participants were recruited through social media and listservs.

Instrumentation

I developed a customized interview guide and set of interview questions for the purpose of this research project (see Appendix A). The interview questions were developed to simultaneously provide a focused list of questions for comparisons and to allow the interviewee freedom to share in detail any areas they felt were important. The interview included open-ended and closed-ended questions. The interviews were recorded and dictated to ensure validity in the response gathering process. Additionally, individuals selected for interviews were provided informed consent regarding the purpose, limitations, and guidelines of the interview process to maintain validity (Rubin

& Rubin, 2012). Guest et al. (2006) acknowledged the need for data saturation in order for the results to be considered valid.

I used a videoconferencing application to interview social workers who were current or previous supervisors in a mental health setting. Tools such as social media groups and listservs from social work organizations were used to gather participants. The videoconferencing tool Zoom was used for telecommunication. In-person communication could have occurred in my private office, the office of the interviewee if appropriate, or a mutually agreed upon location that allowed for privacy. White noise machines were available to enhance privacy.

Data Analysis

I analyzed the data to determine codes, categories, and common themes (Saldana, 2016). Rubin and Rubin (2012) identified the importance of transcribing the interviews to ensure that the data gathered and documented from the interactions is accurate. Their research also supports the dictation of interviews and the use of such written information for comparison and to determine common themes.

For the purpose of this research study, interviews were completed via a secure Zoom session with password protection. Zoom also provided the technology to record video interviews. If in person interviews were conducted, the recording option on iPhone would have been used. The Zoom option was the preferred method of interviews due to COVID-19 social distancing requirements. Videoconferencing also overcame the barrier of distance between the interviewer and interviewees. Once the interviews were

completed, Zoom transcription assistant was used to transcribe the interviews. I reviewed the dictations to ensure accuracy.

After completing the dictation of the interviews, I analyzed the data collected for common themes. The dictated document was used to highlight recurring words as a way to identify themes. One tool for data analysis is secondary coding (Saldana, 2016). Saldana (2016) also identified analytical memos as a specific tool that researchers can use to develop their understanding of the codes to further develop themes based on the data set. My practice background in the field of study strengthened my use of this technique by providing an understanding of practice terminology, functions, and requirements.

Credibility is a term that identifies if the research method and framework is appropriate and realistic (Shenton, 2004). Credibility was ensured by using research participants who have worked in the setting and role identified (Korstjens & Moser, 2018). Transferability was determined by the use of an acceptable number of interviews and when common themes are able to be identified through a majority of the research participants. Objectivity and trustworthiness were achieved by having documentation of the interactions between the interviewer and interviewee as well as written responses from those interviewed (Cypress, 2017). Due to my previous work in the identified settings, any individual who had a current or previous direct working relationship with me was not eligible for interview. The analysis strategy included verifying that the participants meet the full criteria and understand their role as a participant. Additionally, the use of codes and themes provided the researcher with verifiable data.

Ethical Procedures

I obtained approval from Walden University to conduct the study (approval no. 05-09-22-0770023). Consent for participation in any service or study should include informed consent. Walsh (2013) identified informed consent as a person understanding all of the benefits and risks involved related to the activity they are consenting to. The research participants in this project were informed of any risks and the full purpose and application of data. I also informed them that their participation was voluntary and that their identities would be confidential. A social media post was used to seek participants.

In order to ensure ethical protection of the participants, the identity of the participants will remain confidential and participation was completely voluntary. A system was in place to identify the interviews without the use of names or other identifying information. A written consent was provided and reviewed with the interviewee prior to participation in order to ensure informed consent. The interviewee had access to the dictation of the interview.

Walsh (2013) also identified the importance of confidentiality as it relates to informed consent. I sought to ensure the protection of the data that I gathered. Data were kept secure by being stored on a password protected device and password protected file. Interviewees were identified by number alone with their results. Documentation of interviewees name and corresponding number were kept separately in a locked file within a locked office. Data will be kept for a period of at least 5 years, as required by the university. I am only allowed to share interviewees' identities as needed with Walden University staff who are also under the same code of confidentiality. If I were to share the

data set with another researcher in the future, I would need to remove identifiable information.

Summary

The application of methodology and sound research principles is needed to ensure that a study is valid, reliable, and transferable (Rubin & Rubin, 2012). The best understanding of answers related to the research question was found through qualitative research with grounded theory by the collection of data through interviews and the analysis through the use of common themes. The participants were interviewed per the outlined protocol, and ethical procedures were followed to ensure their protection. Data analysis of themes and codes followed evidenced based methodology to ensure credibility and transferability. In Section 3, I will present the findings of the project.

Section 3: Presentation of the Findings

Introduction

The purpose of this project was to explore supervisors' perspectives of how agency culture effects their ability to model necessary self-care techniques to social work professionals. Additionally, I explored supervisors' perspectives on the effects this modeling has on employee burnout, employee retention and satisfaction, and client care. I sought to answer the following RQ: How do social work supervisors describe the effect agency culture has on the ability of supervisors to model necessary self-care techniques in a mental health treatment setting?

Data collection was in alignment with evidence-based research standards. I developed a customized interview guide and set of interview questions for this research project (see Appendix A). The interview questions were developed to provide a focused list of questions for comparisons and to allow the interviewees freedom to share in detail any areas they felt were important. The interview included open-ended and closed-ended questions. The interviews were recorded and dictated to ensure validity in the response gathering process. Additionally, individuals selected for interviews were provided informed consent regarding the purpose, limitations, and guidelines of the interview process to maintain validity (see Rubin & Rubin, 2012). I used the videoconferencing application Zoom to interview social workers who were current or previous supervisors in a mental health setting. Tools such as social media groups and listservs from social work organizations were used to gather participants.

In this section, I will review the data collection process, including the time frame and the response rates. The data analysis procedures will be reviewed along with the coding methods and the validity testing procedures. Lastly, a summary of findings will be presented, which will include discussion of how the results relate to the RQ.

Data Analysis Techniques

I disseminated the first request for interview participants on May 12, 2022. The consent for interview form was sent to a total of 22 potential participants who voiced interest in the study. Fifteen consents were returned. Of the 15 prospective participants, three reported they met the qualifications for the study. One participant replied with consent yet did not respond to set up an interview, while another participant replied after I had achieved data saturation and completed data collection. A total of 10 interviews were completed. The first interview was completed on May 19, 2022, and the final interview was completed on June 10, 2022. Appendix B illustrates the interview response rates.

I followed specific data analysis procedures in the study. The first step was to review each data transcript against the audio and hand-written notes taken during the interview. The data were then separated into tabs using Microsoft Excel to allow for comparison and identification of emergent themes. Coding was completed by addressing each question separately and highlighting frequent responses. Questions related to agency culture were placed into multiple categories related to different areas of practice such as communication, productivity expectations, and view of work/life balance. The categories were then developed into themes that answered the RQ. Themes related to agency culture

were separated based on whether the interviewee viewed the culture as positive, negative, or a mixture of both.

As it relates to effects on the supervisee and client care, many categories emerged in the areas of documentation, connection, retention, and effectiveness. Each interview participant addressed at least one of these categories in their interview. After further looking into each category, I identified themes related to negative impacts on the employee and on client care.

The validation procedure involved member checking. I sent an email to each participant that included an attachment of the dictation of the completed interview. Six of the 10 individuals in the study responded to the request for member checking. One individual responded with clarification on spelling while all the others responded with approval of the documented notes. Additionally, the video recording was compared against the auto-transcript from Zoom along with individual notes that I took during the interview to ensure that all data was consistent and documented.

I encountered some limitations when conducting the project. One limitation was the time constraint for interviews. Although more time would have given me time to interview all of the participants who responded, the fact that the data had reached saturation decreased the effects of this limitation (Guest et al., 2006). An additional limitation was not receiving response from all of the individuals for member checking. Last, some individuals who voiced a desire to participate had to be excluded due to a dual relationship with me in order to maintain research standards.

Findings

The RQ was, How do social work supervisors describe the effect agency culture has on the ability of supervisors to model necessary self-care techniques in a mental health setting? In analyzing the data, I determined that the agency culture has a direct effect on the supervisor's ability to model self-care. In this section, I present the findings.

Sample Description

To explore participants' experience level, I asked them about the number of years that they had worked as a social worker and as a supervisor of social workers. The average number of years that the interviewees reported to have worked in the mental health field as a social worker was 15 years. The average number of years that the interviewees reported to have worked as a supervisor in the mental health field was approximately 9 years. The overall number of years that the interviewees reported to have worked as a social worker was just over 15 years (see Table 1).

Table 1

Summary of Interviewees' Experience

Interviewee identifier	Years in the mental health field as a social worker	Years in the mental health field as a social worker supervisor	Total years as a social worker
1	11	4	12
2	14	7.5	14.5
3	25	20	25
4	23	20	23
5	10	2	10
6	20	15	20
7	8	2	8
8	6	4	6
9	30	15	30
10	3	1	3
Average years	15	9.05	15.15

Note. Table 1 illustrates each participant's years of experience as a social worker in the mental health field and as a social work supervisor in the mental health field. The last column shows the total number of years that each participant reported working as a social worker. The last row includes the average value for each column.

The participants provided feedback from the frame of reference of multiple different types of mental health agencies. Of the interviewees, six reported working for nonprofit agencies. These agencies included those that provided services within academic settings, faith-based settings, and community outpatient programs. The other four interviewees reported working for for-profit agencies. These agencies included private practice as well as embedded services within a medical health care setting.

Interview participants were asked about what suggestions they would have related to agency culture and the promotion of self-care. Responses centered around work/life balance, interweaving self-care into the culture, and improved communication. The data gathered through the interviews revealed four themes related to the RQ.

The themes are (a) direct communication, (b) indirect communication, (c) schedule limitations, and (d) productivity requirements. The use of systems theory as the framework of this project allowed for multiple factors related to the agency culture to be considered as directly impacting the system of agency culture and the supervisor's ability to model self-care. The data supports the theoretical framework of the study through the interviewees acknowledge the effects the agency system has on those who work within the agency.

Each interviewee provided feedback and descriptions of how they viewed their agency culture as defined by the research study. Three of the 10 participants described their agency culture as positive, three of the 10 participants described their agency culture as negative, and the other four participants reported mixed views of their agency culture (see Appendix C). The interviewees' specific responses were the basis for the identification of four emergent themes, which were direct communication, indirect communication, schedule limitations, and productivity requirements.

Theme 1: Direct Communication

The response of the participants within the interviews developed a theme of messages delivered through direct communication by the agency as having a large effect on their ability to model self-care. Particularly, interviewees who had both a positive and negative view of agency cultures mentioned the verbal communicated message from the agency was a direct factor in their ability to model self-care. Those that reported their agency leaders modeled self-care through direct communication reported the areas of taking time off, open communication and use of therapeutic techniques where encouraged. In turn, the interviewees reported that they in turn modeled these same areas towards their supervisees.

Verbal communication that permeated the agency culture was found to be imperative. Interviewee 4 stated, "If they aren't making it a pillar, if it's not part of their supervision plan, it's not part of their employment plan, if it's not part of their daily check-ins, if it's not part of your employment, your agency culture, if it's not part of your

workplace, then you're doing it wrong because you're hurting your people, and you're hurting your clients, and you're just not doing anybody any good.”

Interview participants who reported positive agency cultures reported client-centered approaches, open communication, and being involved in clinical decisions as high priorities. Many participants discussed the presence of “top-down modeling” of self-care as imperative. This type of direct communication between the agency stakeholders and the supervisors was acknowledged as having a vital role in their ability to model needed self-care to their supervisees. Interviewees reported that as a result of this standard of direct communication set by the agency, they encouraged open verbal communication, including talking to their supervisees about the importance of self-care, asking about particular ways the employee is practicing self-care, and acknowledging to the supervisee when the supervisor is feeling overwhelmed and is actively practicing self-care techniques.

Interviewee 2 described their agency culture as positive and discussed how their agency worked towards being inclusive and “challenge all the ‘isms in our space with ourselves and with each other. We do a pretty good job of trying to have good healthy communication. When I make big decisions for the practice, I try to include everyone.” This particular open communication was acknowledged as being a healthy way to be open and address needed standards of behavior within the agency culture such as valuing self-care.

Interviewees also reported directly verbalizing and encouraging the use of therapeutic techniques for their supervisees as crucial. These techniques include

practicing mindfulness, meditation, exercise, grounding, as well as engaging in personal counseling when needed. Interviewee 2 stated, “I strongly encourage everyone to go to therapy...and if they need to take time off during the day to go, do that.” Additionally, the interviewee reported modeling self-care by advocating to administration and upper management about the needs of their employees. These activities modeled through direct communication and practice were acknowledged as beneficial.

Theme 2: Indirect Communication

From the opposite end of the spectrum, another theme that emerged from the data was the effect of indirect or nonverbal communication on the supervisor's ability to model self-care. Multiple participants observed agencies that verbalized a need for self-care and certain standards of behavior within the agency culture; however, the agency practice differed through nonverbal and indirect communication.

The interview participants all stated that the supervision they received within their agency had an effect on how they model self-care as supervisors. Interview participants reported that supervisors who verbalized the need for self-care but did not openly practice were not effective. Descriptors of “workaholic,” “inconsistent,” and “poor work/time off boundaries” were provided by interview participants to describe those that set the agency culture. These nonverbal or indirect communicated messages were seen by the interviewees as the true agency culture despite what was being communicated verbally.

Interviewee 9 acknowledged how this type of communication can be detrimental. In response, she stated “I actually work really, really hard to for example, not do work in the evenings, not respond, send or respond to emails in the evenings. I balance my

workload, you know, I spread it out. I don't wait to the last-minute because that causes stress, and then that it's too much energy output. I talk about mental health with my folks. We talk about their stress points, and then can that load be shared?"

Another area of indirect communication that developed through the research was that the role of the social worker was not always valued through practice. This indirect communication reflected on the social workers feeling valued for their role in client care. Interviewee 4 shared how their agency culture does not provide social workers "a seat at the table" while working in an interdisciplinary team. Although the social worker's role was verbally acknowledged, their role within patient care was often minimized and did not allow the social worker to have decision making abilities or provide therapeutic interventions. Interviewee 4 stated "I really did feel like it was more we'll call you if we need you and you're the resource person. We don't really want your opinion. I felt more like an errand type of person- like you could have anybody to do this. I didn't need a master's degree to get a sandwich. I didn't need a master's degree to hand you a voucher."

Theme 3: Schedule Limitations

Each of the interview participants mentioned multiple areas related to schedule limitations that prohibited them from modeling self-care. The theme of schedule limitations related to paid time off, caseloads and work requirements. These areas effected supervisees modeling self-care, employee retention, and client care.

Each interview participant acknowledged time off during their interviews as necessary and important. Interviewee 1 stated they often experience "guilt with taking time off due to the effects it has on the remaining co-workers who have to carry more

workload when they are already overworked.” Interview participants acknowledge the culture of management being able to deny time off, limiting paid time off, and lack of staffing to approve time off as areas that effected their ability to model and encourage self-care.

Regarding caseloads and staffing, Interviewee 1 reported issues with the agency culture when the agency is “taking on more work than like we have employees for so everyone is spread too thin.” This was a common consensus from multiple interviewees and carried over to client wait list, unrealistic caseloads, and less than quality care.

Lastly, related to schedule requirements, interviewees mentioned the need for time to practice self-care. Interviewee 2 discussed the need for “making the time to actually practice [self-care techniques] as a group instead of just talking about it.” Many other interview participants also mentioned the need within the traditional workday to practice self-care techniques, acknowledge the needs of their employees, and evaluate effective work strategies.

In response to this theme, interview participants focused on setting boundaries around work scheduled was a common area of focus. This included taking PTO (for personal, vacation, sick time, as well as mental health days), encouraging flexible scheduling, leaving on time as well as taking breaks and lunches. Interviewees reported they modeled this practice by doing so themselves as well as verbally encouraging their supervisees to do so as well. Interviewee 3 specifically stated they model self-care by “asking the questions of them (supervisees), modeling it to them very specifically. and practice it.”

Theme 4: Productivity Requirements

Another theme that developed from the interview data related to productivity requirements. This included productivity standards such as unrealistic quotas and a disconnect between business and clinical models of practice. Interviewee 1 stated, “The agency culture is very, in general, I will say very caring but there's also this push to be exceptional. And this pressure to give 120%.”

Many participants acknowledged the productivity requirements made it difficult to set boundaries, take PTO without guilt, or take breaks or lunches without feeling pressure. Interviewee 4 stated their agency encourages “double and triple bookings of clients” to meet productivity goals which makes the employees feel like they are “working themselves to death.” The participants who discussed unrealistic productivity requirements also reported “high burnout” “high turnover” and “working long hours” as characteristics of their agency culture.

One interview participant shared how the wish that their agency would “get better at being a mental health agency who cares about mental health workers.” Interviewee 7 mirrored that statement and also stated “if you treat people right, profits will come.” Interviewee 5 discussed how their employees “feel like they are not sufficient” and have concerns with “not keeping up with productivity.” All three of these interviewee’s statements align with the theme of productivity requirements being a source of contention.

Participants indicated that employee retention was affected due to many of the same reasons discussed previously in this section. Difficulty with the client caseload and

providing interventions due to lack of self-care were equally noted as factors for poor employee retention. Interviewee 3 poignantly stated that retention concerns are a result of burnout that “diminishes out ability to care for others.”

The findings answered the RQ. The findings determined that supervisors determined a direct effect related to agency culture on their ability to model self-care in a mental-health setting. Additionally, the areas of concern related to employee productivity, employee retention, and client care mentioned in the research study were also negatively affected by the lack of the supervisor’s ability to model self-care.

The research study focused on three areas that could have negative effects if the supervisor was not able to model self-care due to the agency culture’s influence. These areas included generalized negative effects on employee satisfaction, employee retention, and client care. All participants reported that they had observed negative effects on employees as well as negative effects on client care. Eight of the 10 interview participants reported seeing an effect on employee retention (see Appendix D).

After completing the data collection and analysis, there were some research findings that were unexpected. Many of the interviewees reported that self-care was not previously a point of focus during their time under supervision due to lack of evidence-based knowledge on the importance of self-care at the time. I did not initially consider this factor as a possible contributing factor. The effects of the COVID-19 pandemic were also frequently mentioned by interview participants. The pandemic resulted in a priority shift for employees and a practice implementation shift that influenced some of the findings and responses.

Summary

The data analysis and subsequent findings outlined the data received through interviews in response to the RQ. The research revealed a connection between agency culture and the supervisor's ability to model self-care. The practical implications of agency culture and a lack of self-care were noted to have many negative effects on the agency, employee, and clients. The following section further discuss practice applications and the implication this new research has on social change.

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

Introduction

The purpose of this project was to explore supervisors' perspectives of how agency culture effects their ability to model necessary self-care techniques to social work professionals. Additionally, I sought to identify the supervisor's perspectives on the effects this modeling has on employee burnout, employee retention and satisfaction, and client care. The findings of the study showed that agency culture had a negative impact on employee burnout, employee retention, and client care.

These findings extend knowledge within the social work discipline by acknowledging the role that agency culture can have on successful outcomes of employees and clients. The findings can provide a guideline for agencies for areas of focus that supervisors believe are necessary to maintain productivity. The findings can also result in a tool for supervisors and supervisees to advocate for change within their current agency culture. In this section, I will outline the project's ethical and practical applications, offer recommendations for practice, and consider the project's implications for positive social change.

Application to Professional Ethics in Social Work Practice

The Code of Ethics is a national standard of behavior that is observed by social work professionals in the United States (NASW, 2021). The Code of Ethics outlines specific principles and values that guide clinical decisions making and set forth a goal of treatment and provide a standard of excellence. Two specific social work values that

specifically relate to this research study are the importance of human relationships and competence.

The importance of human relationships is also grounded in the foundation of systems theory, which is a foundational approach of social work (Fearnley, 2020). It is vital to the development and function of the relationship between the agency and its supervisors to be acknowledged as integral. Additionally, acknowledging the relationship between supervisors and their supervisees is necessary. The ability for these human relationships to be healthy, strong, and functional directly affect the emotional and social health of the social work supervisee. The success of the clients they served is also correlated.

Social workers are mandated by the Code of Ethics to practice with competence (NASW, 2021). Social workers are aware of the importance of acknowledging and practicing self-care. This evidence-based truth is referenced throughout the Code of Ethics. For social workers to practice with competence, they need to acknowledge and practice self-care.

These findings may have an impact on social work practice by highlighting the need for the relationship between the agency and the social work employees to be considered as it relates to the social worker's ability to practice with competence and effectiveness. Related to its practice implications, this project may provide support for the development of a guideline for examining agency culture; heeding this guideline, agency leaders may be able to provide a standard of practice that is conducive to the self-care of

their employees. These ethical standards of practice may provide a basis for best practice in the field of social work.

Recommendations for Social Work Practice

The findings of this research study may have an impact on my own social work practice as an advanced practitioner. As a professor, I may be able to draw from the findings of this research in my teaching. I may be able to instill the value of practicing of self-care to future new social workers in the field. Specifically, the findings of this project may result in updated lecture material for students as well as further emphasis on the role of self-care. Additionally, I plan to create practice material for supervisors at the practicum level to encourage modeling of self-care and acknowledging the role of agency culture.

As a speaker, I may be able to use the foundational knowledge that I acquired from this project to help educate and provide options for administrators, supervisors, and agency decision makers to review and implement policies that promote self-care. The findings from this research study can be transferred into user-friendly materials to highlight results. As a supervisor at a nonprofit mental health center, I may be able to use this practice knowledge to guide new employees on the importance of acknowledging burnout and valuing self-care strategies. Specifically, with this new practice knowledge, I may be better able to ensure that supervisors acknowledge, encourage, and model self-care.

The results of this project have implications for direct and clinical practice. They acknowledge the negative impact that a lack of self-care of social workers can have on

their clients. The results indicate that clients experienced decreased connection with their providers and inconsistent services from staff with poor self-care and burnout while the same staff provided sub-par documentation and were noted as being less therapeutically effective. I also identified absenteeism and lack of connection as reasons that clients were no longer seeking services within the agency resulting in a lack of productivity. This knowledge highlights the need for these areas to be a focus to ensure therapeutic relationships are maintained.

The findings of this research study have transferability to other social work areas of practice outside of mental health settings. Social workers in all areas of practice benefit from self-care (NASW, 2021). As such, any agency leader who employs social workers can potentially benefit from the findings of this project by reviewing their agency culture and ensuring that self-care is a priority for employees.

This project also may be useful in the broader field of social work practice. This project can provide a basis for policy and procedure implementation at the practice level. Agencies within all areas of social work practice can use the findings of this project to discuss and implement policies and procedures. The use of the systems approach within this project, specifically the focus on interaction of human relationships, further supports previous evidence-based research highlighting the importance of using systems perspective for a social work practice lens (Fearnley, 2020). Areas of focus by social work supervisors such as time-off, work/life balance, and open communication can be a focus for policies and guidelines for agencies to encourage these types of self-care.

I have identified no specific limitations regarding how the results can be generalized to other fields of social work practice. The fact that social workers in a mental health setting might work directly with clients who present with more acute psychiatric symptoms than other practice settings might have an effect on the increased need of mental health social workers to use self-care to manage burnout could be a consideration. However, considering how all social workers are encouraged by the Code of Ethics to practice healthy self-care techniques, understanding how these techniques can be modeled within agency culture is imperative despite practice focus or location (NASW, 2021).

Further research in this area is recommended to find a better understanding of the limitations of the agency culture for supervisors to model self-care from the perspective of the supervisees. This perspective can strengthen the findings of this project as well as potentially shine light on other important areas of focus. Further research focusing on areas of social work not in a mental health setting would also be useful in determining transferability of results. The use of self-care techniques is a standard need of all social workers (Butler et al., 2017). The project's findings related to self-care therefore are a strength when considering its applicability to other fields of practice.

There are multiple ways in which the information from this project can be disseminated to others to encourage social change. One way in which this information can be disseminated is through speaking engagements with an audience of administrators and agency decision makers within the field of mental health. This would allow for agencies to have evidence-based data to support needed practice and policy changes. To

disseminate the information, I plan to research different conferences and apply to speak on the research topic. Another way in which this data can be disseminated is through publication within social work and mental health practice journals. This would allow for the research data to be included in future evidence-based practice studies. I will review criteria for submission and seek publication of the study to provide this information to the public.

Implications for Social Change

The field of social work focuses on multiple level interventions from a systems perspective. While considering micro, mezzo, and macro levels of intervention, positive social change can be implemented as a result of the research findings. From a micro level, social work supervisors can directly speak with their supervisees regarding the importance of self-care and model self-care techniques in effective ways. In a practice setting, supervisors can relay feedback and lessons learned through the information shared by the interviewees to encourage supervisees to prioritize self-care. The research found that how the supervisor's modeled self-care often was a direct result of how their own supervisors modeled self-care which can then create a domino effect. From a mezzo level of intervention, social work supervisors can work within their agency chain of command to discuss the importance of agency culture. This level of intervention from a small group setting can encourage change on a bigger level. Supervisors can provide education at an agency level of specific methods and techniques that would be beneficial to supervisees within the agency. Finally, as a macro level intervention, agencies that employ social workers can use the data within this research study to implement policies

and procedures at the agency level to encourage an environment that supports social work supervisors modeling self-care techniques to their supervisees. Research from this project can be transferred to agency culture in other fields of practice. Similar fields such as medical, other nonprofit agencies and businesses with a similar business or service model could use the data to replicate standards of agency culture.

Summary

In this research study, I sought to understand how agency culture effects supervisors' ability to model self-care to social workers within a mental health setting. Through reviewing past studies and using evidence-based practice tools to gather new data, the study has strengthened the social work perspective that self-care is vital to social work practice. Using the input of those practicing in the field, this project hopes to illicit social change in this area and provide a foundation of support to social work supervisors who are modeling self-care to their supervisees on a daily basis. By doing so, social work supervisors support the social workers and in turn allow the social workers to support clients so that everyone within the field benefits.

References

- Adams, S. A., & Riggs, S. A. (2008). An exploratory study of vicarious trauma among therapist trainees. *Training and Education in Professional Psychology, 2*(1), 26–34. <https://doi.org/10.1037/1931-3918.2.1.26>
- Alfonsson, S., Parling, T., Spannargard, A., Andersson, G., & Lundgren, T. (2018). The effects of clinical supervision on supervisees and patients in cognitive behavioral therapy: A systematic review. *Cognitive Behaviour Therapy, 47*(3), 206–228. <https://doi.org/10.1080/16506073.2017.1369559>
- Asuero, A. M., Rodríguez Blanco, T., Pujol-Ribera, E., Berenguera, A., & Moix Queraltó, J. (2013). Effectiveness of a mindfulness program in primary care professionals. *Gaceta Sanitaria, 27*(6), 521–528. <https://doi.org/10.1016/j.gaceta.2013.04.007>
- Berger, R., & Quiros, L. (2014). Supervision for trauma-informed practice. *Traumatology, 20*(4), 296–301. <https://doi.org/10.1037/h0099835>
- Bernard, J. M. & Goodyear, R. (2014). *Fundamentals of clinical supervision* (5th ed.). Pearson Publications.
- Bloomquist, K. R., Wood, L., Friedmeyer-Trainor, K., & Kim, H. (2015). Self-care and professional quality of life: Predictive factors among MSW practitioners. *Advances in Social Work, 16*(2), 292–311. <https://doi.org/10.18060/18760>
- Boitel, C. R., & Fromm, L. R. (2014). Defining signature pedagogy in social work education: Learning theory and the learning contract. *Journal of Social Work*

Education, 50(4), 608–622. <https://doi.org/10.1080/10437797.2014.947161>

Bourdieu, P. (1997). *The logic of practice*. Polity Press.

Bride, B., & Figley, C. (2007). The fatigue of compassionate social workers: An introduction to the special issue on compassion fatigue. *Clinical Social Worker Journal*, 35(3), 151-153. <https://doi.org/10.1007/s10615-007-0093-5>

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Burkholder, G. J., Cox, K. A., & Crawford, L. M. (2016). *The scholar-practitioner's guide to research design*. Laureate Publishing.

Butler, L. D., Carello, J., & Maguin, E. (2017). Trauma, stress, and self-care in clinical training: Predictors of burnout, decline in health status, secondary traumatic stress symptoms, and compassion satisfaction. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(4), 416–424.
<https://doi.org/10.1037/tra0000187>

CSWE Commission on Accreditation. (2017). *CSWE handbook of social work accreditation policies and procedures*. Council on Social Work Education.
<https://www.cswe.org/accreditation/accreditation-process/epas-handbook/>

Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing*, 36(4), 253-263. <https://doi.org/10.1097/dcc.0000000000000253>

Fearnley, B. (2020). Enhancing social work student learning: Converging

- Bronfenbrenner, Bourdieu, and practice learning. *Social Work Education*, 39(2), 214-226. <https://doi.org/10.1080/02615479.2019.1618258>
- Diebold, J., Kim, W., & Elze, D. (2018). Perceptions of self-care among MSW students: Implications for social work education. *Journal of Social Work Education*, 54(4), 657–667. <https://doi.org/10.1080/10437797.2018.1486255>
- Figley, C. R. (Ed.) (1995). *Compassion fatigue: Secondary traumatic stress disorders from treating the traumatized*. Brunner/Mazel.
- Figley, C. R. (Ed.) (1997). *Burnout in families: The systemic costs of caring*. CRC Press.
- Figley, C. R., & Ludick, M. (2017). Secondary traumatization and compassion fatigue. In S. N. Gold (Ed.), *APA handbook of trauma psychology: Foundations in knowledge* (pp. 573–593). American Psychological Association.
<https://doi.org/10.1037/0000019-029>
- Geoffrion, S., Morselli, C., & Guay, S. (2016). Rethinking compassion fatigue through the lens of professional identity: The case of child-protection workers. *Trauma Violence & Abuse*, 17(3), 270–283. <https://doi.org/10.1177/1524838015584362>
- Gilley, K. (2006). Agency culture and supervisor key to tackling high turnover. *American Public Human Services Association*, 64(3), 25.
- Grant, C., & Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your “house.” *Administrative Issues Journal: Education, Practice & Research*, 4(2), 12–26. <https://doi.org/10.5929/2014.4.2.9>
- Grise-Owens, E., & Miller, J. J. (2021). The role and responsibility of social work

- education in promoting practitioner self-care. *Journal of Social Work Education*, 57(4), 636-648. <https://doi.org/10.1080/10437797.2021.1951414>
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough?: An experiment with data saturation and variability. *Field Methods*, 18(1), 59–82. <https://doi.org/10.1177/1525822X05279903>
- Howard-Payne, L. (2016). Glaser or Strauss? Considerations for selecting a grounded theory study. *South African Journal of Psychology*, 46(1), 50–62. <https://doi.org/10.1177/0081246315593071>
- Hutchison, E. D. (2018). *Dimensions of human behavior: Person and environment* (6th ed.). Sage Publications.
- International Federation of Social Workers (2004). Statement of ethical principles. Retrieved from ifsw.org/policies/statement-of-ethical-principles/
- Kahlke, R. M. (2014). Generic Qualitative Approaches: Pitfalls and Benefits of Methodological Mixology. *INTERNATIONAL JOURNAL OF QUALITATIVE METHODS*, 13, 37–52.
- Kanter, B., & Sherman, A. (2017). *The happy, healthy nonprofit: strategies for impact without burnout*. Wiley.
- Karvinen-Niinikoski, S., Beddoe, L., Ruch, G., & Tsui, M. (2019). Professional supervision and professional autonomy. *Aotearoa New Zealand Social Work Review*, 31(3), 87-96. <https://doi.org/10.1332/policypress/9781447327196.003.0004>
- Khan, A, Khan, M., & Malik, N. (2015). Compassion fatigue amongst health care

- providers. *Pakistan Armed Forces Medical Journal*, 65(2), 286-289.
- Kim, H., & Lee, S. (2007). Supervisory communication, burnout, and turnover intention among social workers in health care settings. *Social Work in Health Care*, 48(4), 364-385. <https://doi.org/10.1080/00981380802598499>
- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124. <https://doi.org/10.1080/13814788.2017.1375092>
- Lewis, M. & King, D. (2019). Teaching self-care: The utilization of self-care in social work practicum to prevent compassion fatigue, burnout, and vicarious trauma, *Journal of Human Behavior in the Social Environment*, 29(1), 96-106, <https://doi.org/10.1080/10911359.2018.1482482>
- Ludick, M., & Figley, C. R. (2017). Toward a mechanism for secondary trauma induction and reduction: Reimagining a theory of secondary traumatic stress. *Traumatology*, 23(1), 112–123. <https://doi.org/10.1037/trm0000096>
- Maschi, T., Bradley, C., & Ward, K. (Eds.) (2009). *Forensic social work: Psychosocial and legal issues in diverse practice settings*. Springer Publishing.
- Middleton, J. S., & Potter, C. C. (2015). Relationship between vicarious traumatization and turnover among child welfare professionals. *Journal of Public Child Welfare*, 9(2), 195-216. <https://doi.org/10.1080/15548732.2015.1021987>
- Miller, J., Donohue-Dioh, J., Larkin, S., Chunling Niu, & Womack, R. (2018). Exploring the self-care practice of practicum supervisors: Implications for field education. *Field Educator*, 8(2), 1–20.

- Moore, S. E., Bledsoe, L. K., Perry, A. R., & Robinson, M. A. (2011). Social work students and self-care: A model assignment for teaching. *Journal of Social Work Education, 47*(3), 545–553. <https://doi.org/10.5175/JSWE.2011.201000004>
- Morrisette, P. (2004). *The pain of helping: Psychological injury of helping professionals*. Taylor & Francis.
- Myers, K., Martin, E., & Brickman, K. (2020). Protecting others from ourselves: Self-care in social work educators. *Social Work Education, 1*–10. <https://doi.org/10.1080/02615479.2020.1861243>
- National Association of Social Workers. (2021). *Code of ethics: English*. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practices in Mental Health: An International Journal, 6*(2), 57–68.
- Pelech, W., & Pelech, S. (2014). Who, how, and where: Ecological learning theory in social work education. *International Journal of Learning: Annual Review, 20*, 63–75. <https://doi.org/10.18848/1447-9494/cgp/v20/48733>
- Percy, W. H., Kostere, K., & Kostere, S. (2015). Generic Qualitative Research in Psychology. *Qualitative Report, 20*(2), 76–85.
- Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Sage Publications.

- Rosa, E. M., & Tudge, J. (2013). Urie Bronfenbrenner's theory of human development: Its evolution from ecology to bioecology. *Journal of Family Theory & Review*, 5(4), 243–258. <https://doi.org/10.1111/jftr.12022>
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Sage Publications.
- Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Sage Publications.
- Sansbury, B. S., Graves, K., & Scott, W. (2015). Managing traumatic stress responses among clinicians: Individual and organizational tools for self-care. *Trauma*, 17(2), 114–122. <https://doi.org/10.1177/1460408614551978>
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63–75. <https://doi.org/10.3233/EFI-2004-22201>
- Smullens, S. (2015). *Burnout and self-care in social work: A guidebook for students and those in mental health and related professions*. NASW Press.
- Tugendrajch, S. K., Sheerin, K. M., Andrews, J. H., Reimers, R., Marriott, B. R., Cho, E., & Hawley, K. M. (2021). What is the evidence for supervision best practices? *Clinical Supervisor*, 40(1), 68–87. <https://doi.org/10.1080/07325223.2021.1887785>
- Torry, B., Furness, S., & Wilkinson, P. (2005). The importance of agency culture and support in recruiting and retaining social workers to supervise students on placement. *Practice*, 17(1), 29–38. <https://doi.org/10.1080/09503150500058025>

Ungar, M. (2002). A deeper, more social ecological social work practice. *Social Service Review*, 76(3), 480–497. <https://doi.org/10.1086/341185>

Wade, K., & Neuman, K. (2007). Practice-based research: Changing the professional culture and language of social work. *Social Work in Health Care*, 44(4), 49–64. https://doi.org/10.1300/J010v44n04_04

Walsh, J. (2013). *Theories for direct social work practice* (3rd ed.). Wadsworth Cengage Learning.

Appendix A: Interview Guide and Questions

Prior to beginning the interview, I will perform the following actions:

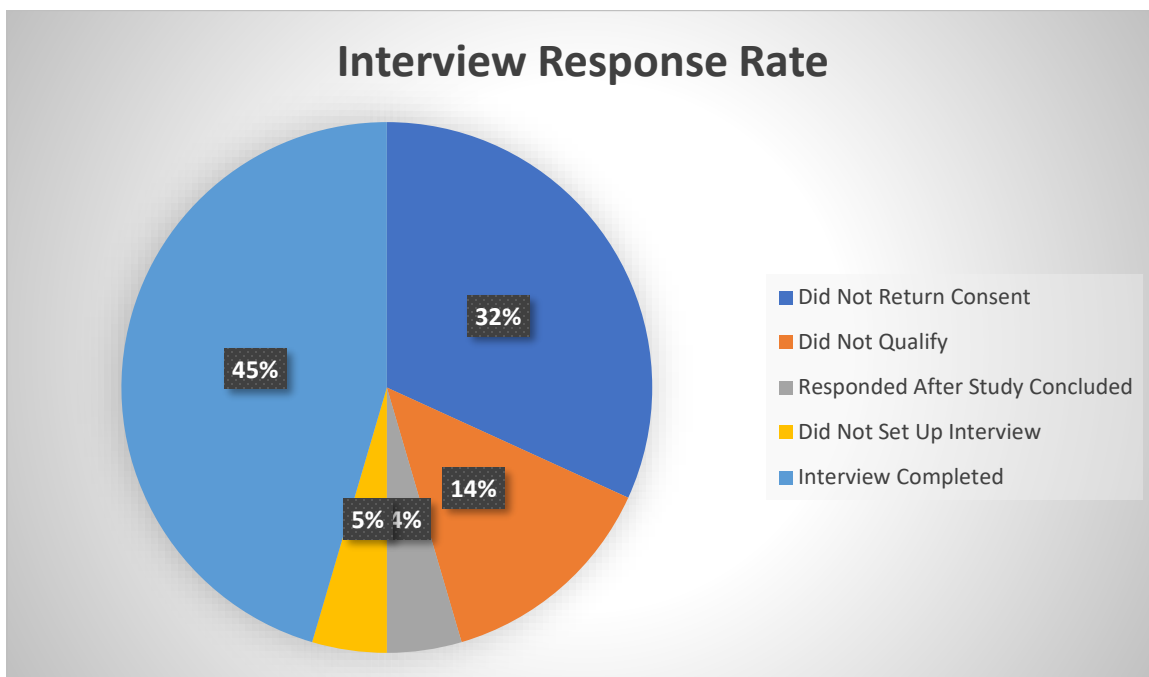
1. I will ensure that permission is granted for recording the interview and that the recording equipment is functioning properly.
2. A statement will be read to the interviewee regarding the purpose of the study and confidentiality of the information gathered.
3. The interviewee will be made aware that the interview can be stopped at any time and that the interviewee has the ability to not answer in questions.
4. The interviewee will be made aware that they have the ability to review the dictation of the interview to confirm the interviewer has documented statements correctly.
5. I will identify the interviewee by number and state the date and time of the interview on the recording.

The following interview questions will be used:

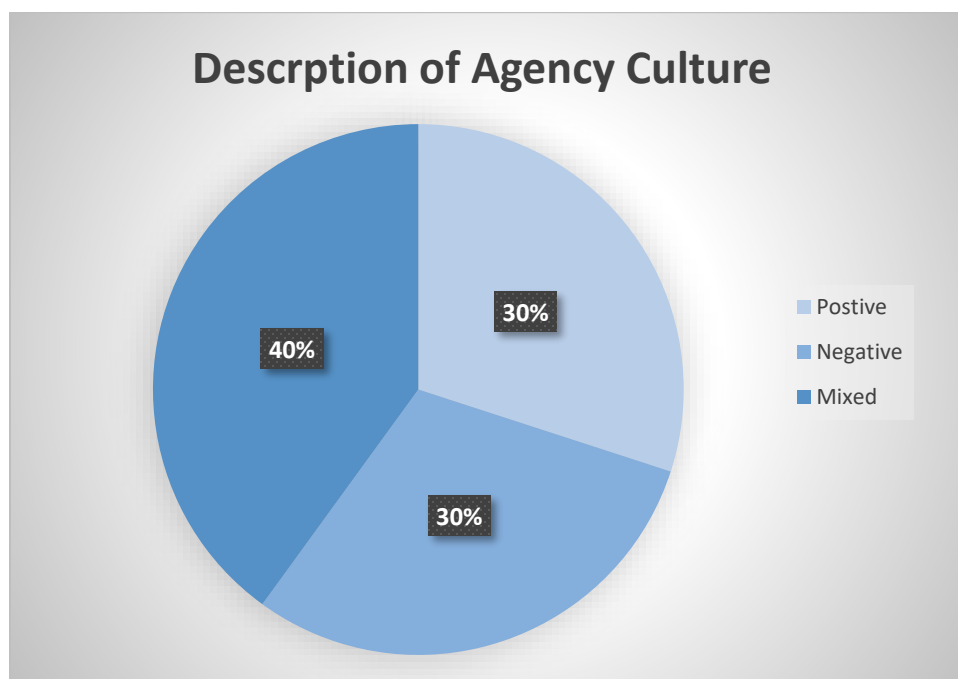
1. How many years have you worked in the mental health field as a social worker?
2. How many years have you worked as a supervisor in the mental health field as a social worker?
3. How many total years have you worked as a social worker?
4. For the purpose of this interview, agency culture is as “behaviors, actions, and viewpoints that are acceptable and displayed within a specific agency.”
Describe your agency culture.

5. For this purpose of this interview, self-care is defined as “use of coping skills or activities that help to replenish one’s ability to give to others.” How do you model self-care to your supervisees?
6. Did your supervisor model self-care? If so, how?
7. How does your agency culture effect your ability to model self-care?
8. What areas of your job make modeling self-care difficult, if any?
9. Do you see negative effects in your supervisees that you would contribute to a lack of self-care?
10. How does this effect employee retention?
11. How does this effect client care?
12. What suggestions would you make to your agency culture to promote self-care?

Appendix B: Interview Response Rate



Appendix C: Description of Agency Culture



Appendix D: Effects of Lack of Self-Care

