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Self-Care Practices among Geriatric Social Workers

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Melissa Marie Lozito

has been found to be complete and satisfactory in all respects,
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Walden University
2018

Abstract

Self-Care Practices among Geriatric Social Workers

by

Melissa Marie Lozito

MS, University of Nevada, Las Vegas, 2014

BS, University of Nevada, Las Vegas, 2008

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

August 2018

Abstract

Within the social work profession, there is a lack of understanding about self-care practices of social workers working with older adults. This lack of knowledge is a concern for the profession because as the older adult population continues to grow, so will the need for social workers to address their needs. Using action research, a focus group of 7 female social workers working with older adults in the Pacific Northwest discussed the research questions related to their use of self-care practices and identifying strategies to increase the use of self-care. Self-compassion theory enhanced understanding the relationship between social workers' experiences with older adult clients and self-care. Coding protocols were used to analyze the data. Key findings provided a further understanding of the self-care practices of these social workers including the use of appropriate boundaries, effective communication, education about responsibilities and expectations, and advocacy regarding the need for self-care. Additional strategies to increase self-care involved mindfulness about job roles, primarily related to team and system barriers. Recommendations from this project included adding self-care to education and training in social work courses required for degrees, licensure renewal, and employment-based continuing education courses. By exploring self-care practices of social workers working with older adults, the findings of this study may bring about social change by increasing the awareness of current and future social workers about the importance of self-care and providing strategies that enable social workers to implement self-care.

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Dedication

I would first like to dedicate this study to my dog, Scruffy, for his unique ways of supporting me through this process and being our mascot for my cohort. He has provided unlimited self-care needs for me and continues to fill my heart with unconditional love and happiness every day.

Secondly, I would like to dedicate this study to my family members who are no longer here with us physically but have a special place in my heart: my grandpa, Sebastiano Lozito, my great-aunt, Carmilla Lozito, my grandparents, Edward and Mary Dejnozka, and my aunt, Janice Jansky.

Thirdly, I would also like to dedicate this study to past, present, and future social workers. May you practice self-care to help enhance your career dreams in the social work field.

Acknowledgments

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Section 1: Foundation of the Study and Literature Review

Social work professionals face unique challenges when working with older adults. These challenges include barriers to compensation and resources to help older adults, impacts on caring for older adults, limited research about social work interventions related to working with older adults, depression among caregivers, and understanding compassion fatigue, burnout, and compassion satisfaction among social workers working with older adults, and others (Barsky, 2015; Graham & Shier, 2014; Smullens, 2015). These challenges create a heightened need for self-care among social workers working with older adults. To further explore the need for self-care, it is essential to understand how these other factors have influenced the practice experiences of these social workers.

The purpose of this research is to understand self-care practices of social work professionals who work with older adults in the Pacific Northwest. The goal was to discover current self-care practices and elicit potential strategies to increase self-care practices. This will help bring awareness to the importance of self-care for social workers who work with older adults.

Action research is a type of research approach that focuses on specific social problems by exploring the complexities of the issue to improve the effectiveness of the solution to the problem (Stringer, 2007). This approach helped to explore the self-care practices of social workers working with older adults by collecting qualitative data. The data was gathered from a focus group consisting of these social workers. Purposive sampling was used to find 10 to 12 social work professionals working with older adults from various geriatric settings.

The findings of this study help to support social workers through enhancing self-care practices. The findings may contribute to agencies that work with older adults to bring awareness and may create a support system for social workers to encourage self-care practices. The findings demonstrate why it is essential for a balance between self-care and the responsibilities social workers have when working with older adults.

To understand the purpose of the study and social work problem, a comprehensive look into the self-care practices of social workers working with older adults was explored through research questions. The significance of the study provided implications for positive social change. The theoretical framework describes the lens through which the problem, question, data collection, and data analysis were used. An identification of social work values and ethics related to the study was linked to the NASW Code of Ethics (2017). Section 1 concludes with a thorough review of the professional and academic literature used to establish the relevance of the study, justify the design, and provide a rationale for how the findings fill a gap in understanding social work practice related to self-care for those working with older adults.

Problem Statement

The social work problem is the lack of self-care among social workers. Social workers are especially vulnerable as they experience various psychosocial factors, such as work responsibilities, expectations of team members, and needs of older adults to name a few, that increase the need for self-care but do not always think about or implement self-care (Dahl, Eskelinen, & Hansen, 2015; Sanchez-Moreno, de La Fuente Roldan, Gallardo-Peralta, & Lopez, 2015). According to Aldrich (2010), there remains an

increasing need for social workers to work with older adults as this population continues to grow. Acknowledging the challenges while seeking to understand self-care practices will help to reduce burnout and turnover among social workers working with older adults.

Working with older adults comes with risks for social workers that can result in barriers and impact working conditions (Barsky, 2015). Low pay scales, along with burnout, vicarious or secondary trauma, high caseloads, and limited support deter social workers from wanting or continuing to work with older adults (Barksy, 2015; Charlesworth, Bains, & Cunningham, 2015; Marshall, 2015; Smullens, 2015). According to Kramer (2013), social workers who work with older adults with complex end-of-life care due to advanced chronic diseases experience secondary trauma and compassion fatigue because of emotional trauma related to these experiences. Due to the challenges older adults' experience, there remains a high need for social workers for support around end of life care (Morrissey, Viola, & Shi, 2014).

In addition, how social workers cope with factors related to working with older adults, such as the experience of end of life, also deter social workers from continuing to work with older adults. One example is that social workers who take their work experiences home with them add more stress to their personal lives, which impacts their ability to cope (Sloan, Evenson, & Thompson, 2013; Tosone, Nuttman-Shwartz, & Stephens, 2012). This creates a domino effect by creating difficulty in social workers' interpersonal relationships (Aldrich, 2010; Berthold & Fischman, 2014; Chan, et al., 2015; Grant, Kinman, & Baker, 2015; Smullens, 2015).

To add to these experiences, social workers working with older adults report going home numerous days stressed and emotional due to the amount of secondary trauma experienced, lack of resources, limited support, and sometimes bullying from other social workers. Some social workers have similar experiences including bringing work home to get caught up or not having a balance between work and personal life due to being on call when social workers are technically not at work. Other social workers have shared they would skip lunches and breaks to catch up on documentation due to high caseloads consisting of about 60 older adults working at the PACE programs and their responsibilities related to these cases. As a social worker who worked in a team setting for older adults, a lot was expected of social workers from the team regarding how to help older adults. In trying to provide quality services, social workers tend to have large caseloads of older adults with various types of social work needs and expectations (Aldrich, 2010; Azulai, 2014; Frandsen, 2010).

The purpose of this research project was to understand self-care practices of social work professionals who work with older adults in the Pacific Northwest. Older adults in the Pacific Northwest continue to increase in population, and therefore, the need for social workers continues to grow. However, social workers are not as attracted to working with older adults because of the many barriers and impacts related to working with this population (Graham & Shier, 2014; Grant et al., 2015; Lloyd, et al., 2014). I want to help social workers improve their self-care practices to keep current social workers working with older adults and attract social workers to working with older adults.

Purpose Statement and Research Questions

The purpose of this research was to understand self-care practices of geriatric social workers in the Pacific Northwest through an action research methodology. To help understand self-care practices, a focus group consisting of 10 to 12 social work professionals. These professionals have experience working with older adults in various settings in the Pacific Northwest was used to collect data.

There were two primary research questions in the study. Both questions are specific to social workers in the Pacific Northwest.

RQ1: What are the self-care practices of social workers working with older adults?

RQ2: If needed, what strategies can be used to increase self-care practices among social workers working with older adults?

There is a lack of self-care among social workers (Bloomquist et al., 2015). Factors that impact this problem for social workers engaged in practice with older adults include barriers and impacts that add additional stress for social work professionals who are trying to help make a difference for older adults. These factors also created a need for self-care practices among social work professionals. This need for self-care practice for social workers supports social workers wanting to understand self-care practices among social work professionals who work with the older adults.

Definitions

To help understand the research, key terms have been defined. The main key terms used in this study are burnout, compassion fatigue, compassion satisfaction, older

adults, self-care, and vicarious trauma. Definitions help to explain the research of understanding self-care practices among social workers working with the elderly.

Burnout: Burnout is the result from long periods of stress. Work related stress is the most common form of burnout. Work related stressors are created through feeling overworked due to lack of control, taking few breaks, working through lunch, bringing work home, lack of support, and lack of self-care practices. Burnout can create mental and physical health issues. Burnout can also result in negative feelings related toward work responsibilities causing sleep disturbances and tiredness (Diaconescu, 2015; Jacobson, Rothschild, Mirza, & Shapiro, 2013; Quinn-Lee, Olson-McBride, & Unterberger, 2014; Smullens, 2015). Burnout is one reason social workers leave the field and pursue new careers.

Compassion Fatigue: Compassion fatigue is a feeling of tension and worry about individuals and animals suffering for various reasons that is experienced by social workers and other individuals who help people (Berthold & Fischman, 2014; Diaconescu, 2015; Lammert, 2013; Lucian, 2015; Newell & Nelson-Gardell, 2014; Potash et al., 2015). Caregivers may experience compassion fatigue from chronic stress when caring for older adults. Compassion fatigue can lead to vicarious trauma and burnout depending on the level of impact experienced.

Compassion Satisfaction: Compassion satisfaction is the feeling of satisfaction or pleasure from helping others. People, such as social workers, experience compassion satisfaction when being able to contribute to helping in a positive way (Berthold & Fischman, 2014; Diaconescu, 2015; Lammert, 2013; Lucian, 2015; Newell & Nelson-

Gardell, 2014; Potash et al., 2015). Compassion satisfaction is a feeling of accomplishment when being able to create positive change through helping individuals or communities toward their goals through social change.

Older adults: Older adults are defined as individuals who have advanced in years, commonly known as senior citizens or elderly. The average age of older adults is 65 years old and above (Berthold & Fischman, 2014; Diaconescu, 2015; Lammert, 2013; Lucian, 2015; Newell & Nelson-Gardell, 2014; Potash et al., 2015). In this study, older adults receiving social work services are individuals who need assistance and support for their care needs, such as health care and psychosocial support. These individuals live in different settings, such as independently in their home, supportive living facilities, skilled nursing homes, or with family members due to health conditions and brain diseases, such as dementia and Alzheimer's disease.

Self-Care: Self-care can be defined as what an individual does to care for oneself. Self-care is used to maintain balance in life through diverse ways depending upon an individual's needs. Self-care practice is how social workers can cope with stress to focus on what they enjoy, affirming a healthy balance between all their responsibilities in life. However, everyone defines self-care differently depending upon their needs (Berthold & Fischman, 2014; Creer & Christian, 1976; Creer & Holroyd, 1997; Creer, Renne, & Christian, 1976; Diaconescu, 2015; Lammert, 2013; Lorig & Holman, 2003; Lucian, 2015; Newell & Nelson-Gardell, 2014; Potash et al., 2015).

Vicarious Trauma: Vicarious trauma is the feeling of emotional symptoms after social workers, or other helping professionals, hear and witness traumatic stories from

those they help. The trauma that these individuals experience can include pain, fear, and other potential psychological symptoms due to various factors, such as abuse, grief and loss, and various traumatic events. Social workers who help trauma survivors can take on feelings of trauma through countertransference. Vicarious trauma is different from burnout because vicarious trauma is formed in a short time frame and related to trauma (Barsky, 2015; Chan, Fong, Wong, Tse, Lau, & Chan, 2015; Tosone, Nuttman-Shwartz, & Stephens, 2012; Verharen, Mintjes, Kaljouw, Melief, Schilder, & Van Der Laan, 2015). Vicarious trauma adds to factors that create burnout over longer time frames.

Nature of the Doctoral Project

The design used for this study was a qualitative design using action research. Social workers working with older adults in the Pacific Northwest were the participants for the focus group. The participants who volunteered were all women. Action research is most efficient to learning about self-care practices of social workers through their experiences and allowed flexibility of data collection through discussing their experiences. Action research enhances social work practice through meeting the needs of older adults (Alicide et al., 2015; Jacobson et al., 2013; Oliver et al., 2013). Social workers who practice self-care in an effective manner have been able to manage the stress of working with this population and more research can help bring about social change (Chan et al., 2015; Tosone et al., 2012).

By understanding social workers' experiences, potential changes can be made to help support self-care practices and increase strategies to improving self-care practices. The data gathered from the focus group was transcribed to include codes, categories,

themes, and answers to the research questions regarding understanding self-care practices. Follow-up interviews by email were completed for clarification and to ensure the transcription correctly captured participants' thoughts and comments.

Significance of the Study

The contributions of this project can advance social work practice knowledge through the understanding of how self-care practice and the lack thereof impacts social work practice with working with older adults. By having this understanding, the findings can emphasize the importance of self-care practice as it relates to social work and strategies to help increase self-care practices among social work professionals. The findings can help facilitate the need of social workers to encourage, improve, and provide strategies for self-care practices to social workers to help have a healthy balance between work and personal life. Self-care practice helps to maintain a healthy balance between work and personal life that is essential for social workers working with older adults in the Pacific Northwest to continue working in the social work field, as well as to prevent burnout.

This study holds significance for the social work field as it relates to the integrity of social work practice and social justice to help understand social workers' experiences about their self-care practices. These experiences can help improve service of social workers through understanding their dignity and worth, as well as the importance of human relationships through working with older adults. Social workers experience emotional resiliency and other benefits, such as coping and boundaries, from learning about self-care strategies to help manage emotional stressors related to working with

older adults, which can improve competency (Grant, Kinman, & Baker, 2015). Previous research supports the need for this study around self-care practice for social workers to understand their experiences as they relate to working with older adults, as well as how their self-care practices relate to social work. This research allows for the potential to change social work policies relating to responsibilities, caseloads, and various factors of working with older adults in agencies and educational facilities to help support social work practice by understanding self-care practices.

The data gathered can enhance social work through the distribution of this study's findings to agencies who work with older adults in the Pacific Northwest. The findings from this study can facilitate self-care practice when balancing responsibilities of working with older adults and other social work responsibilities. These findings can also promote social change in the social work field through inspiring more social workers to work with this population.

Theoretical and Conceptual Framework

The theoretical and conceptual framework used to frame the study is self-compassion theory. Self-compassion theory is based on the Buddhist philosophy. Self-compassion theory relates to mindfulness in how one thinks, feels, and focuses on one's life.

Neff and Davison (2016) described self-compassion as treating oneself with compassion, kindness, and living a healthier and happy life through understanding awareness of inner thoughts and feelings. Self-compassion theory relates to the underlying Buddhist philosophy of basic kindness and mindfulness of imperfections,

shared experiences, and humanity of others and oneself (Neff, 2003a; Neff, 2003b). Self-compassion helps to increase life satisfaction, optimism, and happiness through learning how to show oneself compassion to reduce self-criticism and other negative internal thoughts (Gilbert, 2009; Neff, 2003a).

The choice of self-compassion theory relates to social workers' understanding that self-compassion and self-care are tools to help everyone through self-kindness, humanity, and mindfulness for self-care practices. Mindfulness is self-awareness about one's thoughts, feelings, and actions towards oneself and to reduce over identification of social workers working with older adults, which can lead to transference of feelings. Self-compassion using mindfulness can help social workers prevent transference of feelings from older adults and be more aware about their thoughts and feelings. Self-kindness is being able to be kind to oneself through internal thought processes and reducing self-judgment, which can interfere with social workers' ability to feel competent about their skillset. Common humanity is the ability to identify and recognize suffering in other humans through compassion, empathy, and connecting with human experiences that reduces isolating one-self through self-pity and shame. Using this theory will help to understand social workers' experience and self-care practices.

Self-compassion theory aligns with the problem, research questions, and purpose by bringing awareness about self-care to social workers working with older adults in the Pacific Northwest. This awareness will help potentially increase self-care practices of these social workers. By having this mindfulness and self-compassion, social workers can increase and bring awareness to the importance of social work values and ethics.

Values and Ethics

The values of the National Association of Social Workers (NASW, 2017) Code of Ethics includes service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. Social justice is about creating social change. Dignity is how social workers conduct themselves and this is important as it relates to self-care because social workers maintain professionalism while experiencing various impacts of work. Worth of the person, as well as the importance of human relationships, focus on how social workers demonstrate compassion towards others and their selves through self-compassion theory and these relationships play a role into self-care practices. Integrity of social workers helps to focus on mission, values, and ethical standards in working with older adults while maintaining competency in their professional expertise in working with older adults and how they care for themselves to ensure they uphold professionalism during work (NASW, 2017).

This study ensured confidentiality of the social workers participating in the focus group for data collection. The information gathered explored ways to help ensure social work values are being kept among social workers working with older adults through understanding and verifying self-care practices. By understanding self-care practice, this research project can prevent feelings of burn out and vicarious trauma to ensure that no matter the level of stress, social workers experiencing working with older adults are self-compassionate. This project supported the values of the NASW through maintaining

professionalism regarding the amount of responsibilities social workers experience with working with older adults.

Review of the Professional and Academic Literature

For the literature review, searches for peer-reviewed articles from 2012 to 2017 included using the Walden University library and Google Scholar. Key terms were *social work stressors working with older adults, barriers of working with older adults for social work professionals, self-care practices among social workers, support for social workers working with older adults, compassion fatigue and barriers of social work professionals working with older adults, nursing and impact experienced working with older adults, and self-compassion theory*. A literature review matrix was used to organize 70 scholarly articles and books.

Within the past 5 years, there has been literature regarding social work professionals working with older adults and various components of working with older adults that contribute to the working environment. Factors impacting social work practice with older adults include inadequate compensation and resources, shortage of social workers entering the practice area, ineffective interdisciplinary teams, educational and training needs, vicarious trauma, burnout, and self-care. Understanding these factors helps define self-care and demonstrate the importance of self-care to the field of social work.

Employment Realities

Unique employment realities impact the experiences of social workers working with older adults. Employment realities, such as inadequate compensation and resources,

shortage of social workers entering the practice field, and ineffective interdisciplinary teams, are important to understand because of their potential impact on practice effectiveness. In the following section, an explanation of how these components relate to self-care practices will be addressed.

Inadequate compensation and resources. One employment reality that impacts social workers working with older adults is inadequate compensation and resources. Social workers' responsibilities working with older adults can be stressful. Difficult work with limited resources and low pay can affect social workers by leading to problems impacting personal and family life, lack of self-care, and possibly burnout (Charlesworth et al., 2015; Gopinath et al., 2015; Lin et al., 2014; McCadam & Brown, 2014; Monahan, 2013; Oliver et al., 2013; Ong et al., 2014). Charlesworth et al. (2015) studied 52 social workers who discussed rethinking their long-term commitment to the field because of low pay and high responsibilities, along with the difficulties of work-life balance. Pay rate is a major factor for social workers considering long term commitments working with older adults; it can depend on the gender of the social worker due to the social work field being majority females, which can impact social workers both positively and negatively because of the difference in pay rate based on gender versus experience. There are also limited resources for working with older adults, which increase the amount of work for social workers to assist in meeting the needs of older adults (Alicide & Potocky, 2015; Gopinath et al., 2015; Lin et al., 2014; McCadam & Brown, 2014; Monahan, 2013; Oliver et al., 2013; Ong et al., 2014). Social workers might choose other fields of work because of this increased amount of work.

Shortage of social workers entering the practice area. Related to this lack of resources, there is also a lack of social workers entering the profession of working with older adults. As the older adult population increases, so does the need for social workers (Flanagan-Kaminsky, 2013; Lloyd et al., 2014; Ray et al., 2015). Social workers may choose not to work with older adults due to the various components, such as complex health conditions, family involvement due to lack of decision making capacities of older adults, and potential loss of a loved one, of end-of-life care and their need for more skills to manage end-of-life care (Flanagan-Kaminsky, 2013; Verharen et al., 2015). Vicarious trauma impacts social workers who work with older adults in different situations, such as psychological distress, feelings of burnout, limited resources, increased workload, and lack of support (Flanagan-Kaminsky, 2013; Sanchez-Moreno, 2015; Verharen et al., 2015). These factors impact social workers choosing to enter the social work field working with older adults, which results in a shortage of social workers.

Ineffective interdisciplinary teams. Social workers working with older adults experience lack of support from interdisciplinary teams (Bonifas, 2015; Campbell et al., 2014; Giuffrida, 2015; Prost, 2014; Wennberg et al., 2015). Older adults have cultural, physical, psychological, emotional, social, environment, and medical needs requiring various professionals to be involved in their care, such as doctors, nurses, rehabilitative specialists, caregivers, case managers, mental health providers, family, palliative care providers, and hospice care providers (Campbell et al., 2014; Giuffrida, 2015; Prost, 2014; Wennberg et al., 2015). Some of these individuals form teams known as interdisciplinary teams, which usually consist of medical directors or managers, doctors,

nurses, pharmacists, rehabilitative therapists, social workers, and personal representative of an older adult involved in the care of older adults, who meet regularly to discuss the needs of older adults (Campbell et al., 2014; Kunkler, 2016; Wennberg et al., 2015). The goal of interdisciplinary teams is to communicate more effectively and support other team members in helping older adults with their needs, but often that is not what happens due to different personalities, cultural backgrounds, and beliefs as to what is best for these older adults, their roles, and level of influence (Bonifas, 2015; Giuffrida, 2015; Liu et al., 2015; O'Malia et al., 2014). These goals of interdisciplinary teams are not always met for older adults because of differences in opinions, backgrounds, and wanting a sense of control of what that interdisciplinary team member feels should be the goal of the older adult, which can add to a lack of self-care because social workers are trying to balance their responsibilities, team dynamics, and the needs of older adults.

Educational and Training Needs

While social workers can benefit from team approaches and additional social workers, there are other areas of growth that can potentially help social workers with older adults, such as education and training. Education and training can help provide social workers with potential knowledge and skills that they can use to work more effectively with older adults, as well as prevent experiences of burnout through understanding the importance of self-care practices and strategies to increase self-care practices (Chodosh et al., 2015; Quinn-Lee et al., 2014; Shannon et al., 2014). In addition, training can help social workers be more proactive in using effective skills and interventions to help older adults in a more individualized way (Decker et al., 2015;

Newson et al., 2012; Raheim & Lu, 2014; Rathbone-McCuan, 2014). In meeting education and training needs of social workers, they can feel empowered to handle situations with older adults.

Education. Education is important for social workers working with older adults to understand how to effectively and efficiently help them without creating additional negative impacts on their work. Educating social workers about end-of-life care, complex health conditions, behavioral health needs like dementia and Alzheimer's, and potential family dynamics can help prepare them for what to expect and how these experiences can potentially impact them (Bailey, 2016; Chodosh et al., 2015). By having the tools necessary, social workers can have more self-awareness about how to prevent potential burnout and vicarious trauma. Self-awareness about social workers' own life factors can help them realize how their work and life factors play a role in working with older adults, which can affect levels of stress and how they cope with stress (Graham et al., 2014; Grant, Kinman, & Baker, 2015; Shannon et al., 2014). Grant, et al. (2015) used a mixed-methods study to underscore the importance of emotional resiliency in maintaining self-care practices and suggested educational strategies for self-care be developed to support building resilience in social work students. Education, including training, around self-awareness can also help social workers understand the impact and importance of self-care when it comes to working with older adults.

Training. Along with social work education, training is another opportunity to help social workers effectively and efficiently work with older adults through continuing education, internships, and certifications for various specialized trainings. Trainings add

specific education about interventions that work well with older adults and coping skills designed to enhance social work practice with this population (Decker et al., 2015; Gockel, 2015; Newson et al., 2012). By learning different skills that are effective for working with older adults, social workers may be able to solve difficult situations and develop alternative coping methods (Piko, 2014; Raheim & Lu, 2014; Rathbone-McCuan, 2014). Trainings help social workers effectively manage various factors regarding working with older adults, which can help with decreasing stress levels and increasing length of stay in the field, and help social workers carry out their responsibilities.

Vicarious Trauma

Due to high stress environments inherent in social work practice involving working with older adults, vicarious trauma can accumulate with potentially damaging effects. Social workers can experience vicarious trauma when working with older adults due to facing complex health care conditions, psychosocial factors, end-of-life decisions, and death (Barsky, 2015; Chan, et al., 2015; Tosone, et al., 2012; Verharen, et al., 2015). Social workers who have adequate support systems at work and in their personal lives are better able to cope with vicarious trauma (Barsky, 2015). If social workers have an increased awareness of vicarious trauma, along with support from their teams and coworkers, they will readily recognize the need for self-care (Barsky, 2015; Chan et al., 2015; Dombo & Gray, 2013). Early identification of the impacts of vicarious trauma and implementation of effective self-care strategies can enhance client care and social worker satisfaction in this specialty area.

Burnout

Social workers can experience burnout, which creates a need for self-care or a potential change of careers. Burnout can be created from the amount of stress related to working with older adults and may lead to compassion fatigue (Diaconescu, 2015; Smullens, 2015). According to Sanchez-Moreno, et al., (2014), burnout and compassion fatigue affect social workers to the point of considering working with other populations or changing careers to find something that has a better balance to cope with psychological distress. Burnout and compassion fatigue can decrease the number of social workers working with older adults. By understanding burnout, social workers can prevent the feelings associated with burnout (Diaconescu, 2015; Jacobson et al., 2013; Quinn-Lee et al., 2014; Smullens, 2015). Social workers can prevent burnout through self-awareness, early detection, and practicing self-care techniques.

Self-care

Self-care, previously known as self-management through health care professionals understanding how self-managing health care needs can increase one's health (Creer & Christian, 1976; Creer & Holroyd, 1997; Creer, et al., 1976). Self-care correlated with the level of participation of individuals seeing health care professionals in treatment and empowering these individuals to practice self-care practices (Creer et al., 1976; Lorig & Holman, 2003). Since then, self-care has grown and developed in multiple ways to empower these individuals in using self-care strategies to help manage health care, behavioral health, and psychosocial factors of life (Cox & Steiner, 2013; Dahl et al.,

2015; Sanchez-Moreno et al., 2015). Self-care is becoming an increasing topic among social work professionals because of the factors relating to working with older adults and various impacts of social worker working with older adults and social work practice.

Social workers often do not practice self-care. According to Bloomquist, et al. (2015), findings from 786 social workers about their understanding of self-care demonstrated that social workers do not regularly practice self-care even when knowing self-care is important. The amount of responsibilities can impact self-care practices. According to Fries (2013), 41 social workers were interviewed about their work responsibilities and self-care practice. Fries (2013) described a variety of holistic self-care practices based on the amount of responsibility of social workers; social workers with more responsibility were less likely to use self-care with knowing the importance of self-care (Fries, 2013). Barsky (2015) elaborated on social work impairments, such as a lack of self-care practice and support, and how these impairments can hinder and potentially create ethical dilemmas and burnout for social workers. While these studies demonstrate a need for self-care practice among social workers, there is limited research about self-care practices of social workers. These studies further highlight the importance of conducting more research to understand the self-care practices used by social work professionals working with older adults.

Definition. Self-care is defined as what one does for oneself to help relax, be happy, or cope with the components of life. Self-care is influenced by social, economic, and psychological factors, such as family, financial means, and health factors, and can help social workers working with older adults (Lucian, 2015). Previous researchers, using

qualitative studies with narrative interviews, helped demonstrate the importance of self-care and define self-care as the act of one caring for themselves (Berthold & Fischman, 2014; Bloomquist et al., 2015; Diaconescu, 2015; Lammert, 2013; Lucian, 2015; Newell & Nelson-Gardell, 2014; Potash et al., 2015). To add to the research, an action research project using a focus group was conducted to understand the self-care practices of social workers working with older adults, including understanding self-care practices used and potential strategies to increase self-care. The information discovered through focus groups can help understand the importance of self-care to the field of social work.

Importance to the field of social work. Social workers working with older adults have experienced many factors that contribute to the need to practice self-care. By practicing self-care, social workers can manage stress involved in the social work field, including end-of-life care of older adults (Berthold & Fischman, 2014; Potash et al., 2015). Self-care is a way to maintain a healthy mindset to be able to effectively work through stressors such as added responsibilities, large caseloads, lack of resources, complex care needs, vicarious trauma, and burnout. However, a lack of self-care can increase the amount of stress experienced and potentially create feelings of burnout and compassion fatigue. Knowing that self-care is important to the field and that the aging population is growing, it is imperative to be aware of what self-care practices are used by social workers providing services to older adults and how their use of self-care can be improved or increased.

Summary

Social work professionals who work with older adults experience various challenges that created a need for self-care among these professionals. However, there is limited research around self-care practices of social workers working with older adults. Most studies around self-care included qualitative methodologies, which has been used for this study, but did not specifically explore self-care among social workers working with older adults (Berthold & Fischman, 2014; Diaconescu, 2015; Lammert, 2013; Lucian, 2015; Newell & Nelson-Gardell, 2014; Potash et al., 2015). This action research study used a focus group of social work professionals working with older adults to understand their self-care practices. The goal of this research was to understand self-care practices and explore potential strategies to increase self-care practices.

Section 2: Research Design and Data Collection

While there has been research around self-care, there was a need to understand self-care practices among social workers working with older adults. To help understand this, a qualitative approach involving a focus group of social workers working with older adults was used to gather information about their self-care practices. The information will help to comprehend the various factors of self-care practices, including the types and levels of self-care, and potential strategies that can help increase self-care practices. The information gathered can help bring awareness to the importance of self-care as it relates to social work practice with older adults.

This section includes prospective data, participants, instrumentation, data analysis, and ethical procedures. The ethical procedures included further details for the Institutional Review Board (IRB) process prior to conducting the research. A summary concludes the data collection and analysis processes section.

Research Design

The research design used is qualitative design with action research to explore self-care practices of geriatric social workers and further determine the complexities of this problem. Purposive sampling of social workers working with older adults in the Pacific Northwest was used to explore their self-care practices. To help understand this, questions about self-care practices and strategies were used, along with other questions regarding their experiences related to working with older adults. By using this approach,

a more effective understanding of self-care practices through social workers' experiences was gathered.

The study used a focus group consisting of seven social workers working with older adults who come from various settings of employment that work with older adults, such as insurance companies that works with Medicare, the Programs of All-Inclusive Care for the Elderly (PACE) program, healthcare clinics, and the United States Department of Veterans Affairs. Understanding experiences through action research help potentially improve social work practice of working with older adults. Focus groups of social workers from these various settings were most appropriate to collect the data needed for this research due to their level of experience and expertise. Follow up interviews were conducted to confirm and clarify information from the transcriptions.

Social workers who practice self-care can cope with various levels of stress, especially working with older adults. Learning more about self-care practices of social workers can help bring social change for social workers working with older adults. By understanding their experiences, positive social changes can be made to help support self-care practices and increase strategies to improve self-care practices. This qualitative study measured the amount of self-care social workers practice and their experiences working with older adults.

Methodology

Prospective Data

The data for this research was collected using focus groups. This focus groups consisted of seven social work professionals working with older adults in various

geriatric settings, such as hospitals, palliative care, hospices, and the PACE program. Research questions were used to help guide the discussions to further understand their self-care practices. A recording device was used during the focus group sessions to help gather information for transcription purposes and assist in analyzing the data. This can show how often social workers are practicing self-care, types and strategies for self-care, the impacts self-care or the lack of self-care has, and the importance of self-care practice.

Participants

Purposive sampling was used by reaching out to social workers who work with older adults at hospitals, palliative care, hospices, the PACE program, the School of Social Work at Washington State University, and social workers I have networked with to inquire about participation in this study. The participants who expressed interest in the study were all females. This type of convenience sampling was most appropriate for my study as it is exploratory in nature and allowed to target the social workers related to this study. The basics of the study were explained during the recruitment process about the need of social workers working with older adults to further understand self-care practices and how their participation can improve the field of social work. Upon their agreement to volunteer to help, a consent form was reviewed, signed, and schedule availability information was gathered prior to setting a date and location for the focus group, as well as best contact information for each participant. The focus group consisted of seven social workers who answered questions related to their work experience with older adults and self-care practices.

Instruments

To help collect the data from the focus group, a recording device was used to help identify the participants and audio from the groups. To assist with identifying the participants, index cards with numbers on them were assigned to participants in the beginning. I transcribed the information to help analyze the dialogue. The reason an audio recording device was used was to protect identifies of the participants. To help ensure no one talked over another, ground rules consisting of saying number assigned prior to talking, one person talking at a time, being respectful of what is shared within the group, and confidentiality for the focus group were discussed at the beginning of the focus group, including the participants use of index cards with numbers for confidentiality and transcription purposes.

During the focus group, an interview protocol with questions developed ahead of time was used to gather information from the literature reviews. Questions about understanding self-care practices and social workers' interpretation of self-compassion were asked. Questions were also included about their experiences related to working with older adults. The information from these questions was analyzed to record their experiences in relation to this study.

Data Analysis

The information collected from the focus group was analyzed through reviewing the social workers' experiences with older adults and self-care practices using a coding system I created in Microsoft Excel to identify key terminology from the focus group using descriptive and in-vivo coding to break down into fewer codes to help identify

categories and themes to answer the research questions. The information was compared to identify any patterns and gaps from their experiences. Similarities and differences was also identified in the comparison. The software program Dragon assisted with transcribing the data and Microsoft Excel and Word were used to organize the data for analysis.

The first step was to go through Dragon to help with transcription. Two recording devices were used to help gather information from the focus group and both were submitted through Dragon for transcription. I then compared the transcription from the software to my transcription of the audio devices to help ensure no information was missing. I used member checking to follow up with participants to verify information said in the focus group to ensure accuracy. I also included information from the notepad I used in the focus group to help with transcribing and analyzing experiences of these social workers. I used Microsoft Excel and Word to organize the information for analysis. Follow-up interviews were completed by emailing for clarification needs and allowing each participant to provide any additional information. No additional information was added to the data collected from the focus group. I reviewed the information and analyzed the data using similarities, differences, and any patterns that were identified. The third step was to summarize the outcome of the information gathered from the focus group.

The method to address potential concerns of qualitative research included following ethical procedures to protect information gathered and the participants using the NASW's Code of Ethics. The NASW's Code of Ethics helped ensure research-based

practice and informed of the literature related to understanding self-care practices of geriatric social workers in the Pacific Northwest. A reflexive journal was used to reflect on thoughts and feelings throughout the research process to prevent biases (Barusch et al., 2011). IRB reviewed and approved the study due to meeting qualifications.

Qualitative research using a focus group allowed for data to be collected through open-ended questions in a discussion forum. Open-ended questions helped guide the discussion in a natural and flexible manner through a thorough comprehension of social workers' experiences and self-care practices. The information gathered from the focus group can help other social workers understand the importance of self-care practice.

Qualitative study using purposive sampling enhanced exploring social workers' experiences, understanding their self-care practices, and knowledge around self-compassion in relation to working with older adults. Open-ended questions helped inquire about social workers' experiences and the information provided by these social workers were reviewed to explore commonalities, differences, and patterns. One question was asked and the participants answered in a discussion forum. Each participant said their number prior to answering each question for transcription purposes. The outcome enhanced the importance of self-compassion and self-care practices from the information shared in the focus group.

To help prevent issues of rigor, credibility, validity, transferability, external validity, dependability, reliability, conformability, objectivity, and trustworthiness, a reflexive journal was used to maintain mindfulness throughout the research process. Peer debriefing helped to review research and findings of potential concerns. The information

from the focus group was recorded using two audio devices with coding to protect confidentiality of the participants and open-ended to enhance the findings. The information was reviewed by the researcher and a peer debriefing ensure that the transcriptions of the recordings accurately reflected what was discussed. Reflexivity and peer debriefing addressed about understanding self-care practices. The audio recording was transcribed through a program Dragon and compared to what I transcribed to ensure accuracy. The documented findings stated only the information provided by the participants about understanding their experiences of self-care practices. By utilizing the two different methods for transcription, reflexivity and peer debriefing helped prevent from any missing information shared in the focus group for accuracy, mindfulness, and remove any biases. Credibility and auditability were upheld to the study's findings by following ethical procedures to protect the research, participants, outcome, and the field of social work.

Ethical Procedures

The IRB approval number is 03-06-18-0568095 and will expire on March 5th, 2019. To help protect confidentiality of social workers participating in the focus group, an informed consent was used. The informed consent included a summary of the study, confidentiality of the study, and ethical procedures. The informed consent was reviewed with participants prior to starting the focus group and signatures were obtained. Recruitment flyers with my contact information were created to explain about the focus group needs, a brief overview of the study ,and handed out to various settings, such as geriatric hospitals, skilled nursing facilities, geriatric agencies that support older adults,

several colleges, insurance companies, and other agencies where social workers work with older adults. The participants who contacted me about the study were asked to confirm interest in participation and clarify qualifications. If qualifications were not met, the interested social workers were thanked for their interest, time, and explained the need for the qualifications.

The social workers who expressed interest and met qualifications were asked to provide a schedule of availability and attend a minimum of one focus group up to a maximum of three focus groups until enough information was gathered for the study. Snacks and drinks were provided during the focus group, as well as a summary of the findings. The focus group was in a comfortable, safe, and confidential environment where social workers were able to openly share their experiences. After each participant signed the informed consent, they were assigned a number for confidentiality and the numbers on index cards were explained. Ground rules were also explained to include allowing one person to speak at a time, maintaining a respectful environment open to all experiences shared, and data protection.

A face-to-face focus group session was recorded for data collection purposes and the data was analyzed through reviewing and comparing the experiences of the participating social workers with previous literature reviews. Both recording devices were submitted through a software program that automatically transcribed the information. I also transcribed each audio device and compared my transcription to the one used by the software program to confirm no data was missed. All data, including informed consents, are stored in a locked file cabinet in a secure location with double

locks in my home for five years. After five years, the data will be destroyed using an environmentally friendly and confidential way to maintain confidentiality of all participants and the data collected.

Summary

To understand self-care practices of social workers working with older adults, a focus group was conducted. The information provided was analyzed to understand similarities, differences, and patterns related to their experiences. The data collected from the focus group helped understand the experiences of social workers, their self-care practices, and strategies to increase awareness around self-care practice.

Section 3: Presentation of the Findings

The purpose of this research was to understand self-care practices of geriatric social workers in the Pacific Northwest using an action research methodology. To understand self-care practices, a focus group was used to collect data. The focus group consisted of seven social work professionals who work with older adults in various settings in the Pacific Northwest.

Two research questions were used for this study:

RQ1: What are the self-care practices of social workers working with older adults?

RQ2: If needed, what strategies can be used to increase self-care practices among social workers working with older adults?

The data gathered from the focus group were analyzed using data analysis techniques through descriptive and in-vivo coding that was funneled down to produce themes and categories to help create the findings from the focus group related to the research questions. A summary of these processes will help to understand the research questions for this study.

Data Analysis Techniques

The time frame for data collection started with six weeks of recruitment during the spring of 2018, after IRB approval of 03-06-18-0568095. Recruitment resulted in 10 social workers responding with interest in participating in the focus group. The focus group lasted 2 hours with a 30-minute break after 45 minutes. The focus group consisted

of seven social work professionals. Each held a Master's in Social Work with at least one year of experience working with older adults. Only one focus group was needed to gather enough data for the research project.

After completing the focus group, I began transcribing the data. The transcription process took 3 weeks to produce using Dragon Naturally Speaking to help compare what I transcribed, and the notes taken during the focus group. Once the transcription was finalized, the coding process took 3 weeks to complete using Microsoft Excel to organize the data further. Another week was used to refine the analysis using Microsoft Excel to further organize the data and help produce the categories and identify themes.

I used two coding processes to analyze the data collected: Descriptive coding and in-vivo coding. Descriptive coding is used to help categorize the information while in-vivo coding is related to identifying keywords and terms used by the participants in the study (Stringer, 2007). From these two coding processes, main categories were produced. These categories assisted with identifying themes related to the research. These themes will be later discussed in the findings.

During the transcribing, coding, and analysis process, a reflexive journal and peer de-briefing were used to maintain mindfulness and reduce biases. I wrote in the reflexive journal before, during, and after each process to ensure only facts were stated. Peer de-briefing was used on a weekly to bi-weekly basis to talk through what I discovered, as well as my thoughts and feelings related to the process, which included a potential limitation since the majority of participants were from the same agency and doing similar job functionalities. This limits the study because there might be more experiences from

other social workers from other agencies that would have differed from what was shared in the focus group.

Limitations

A limitation encountered during the study involved how several participants worked together. While this may create restrictions, such as missing other experiences of social workers in different settings that could add to understanding self-care practices and potential strategies, to the finding, each participant brought their perspective when adding their experiences in the data collection and not what related to the agency they worked at together. Other limitations included how some participants would share more about their experiences than others which may have limited the amount of self-care information provided. The information that was provided was more in reaction to factors of working with older adults versus preventative strategies. By using a reflexive journal and de-briefing, these limitations mentioned above did not cause any concerns with the findings. Reflexive journaling and de-briefing helped to maintain mindfulness about my thoughts and feelings throughout the data collection and analysis process (Barusch et al., 2011).

Findings

As a social worker who is passionate about helping others, primarily working with older adults and fellow social workers, I wanted to understand the self-care practices of social workers working with older adults because of barriers, impacts, and limitations of this type of work, which were discussed in the literature review. While I had an idea of what these factors included from my experiences, I had no idea how much these were common feelings among other social workers until I started this research project. I

discovered I was not the only one struggling with stress related to working with older adults and feeling the need for more self-care. The findings supported further understanding of self-care practices and confirmed the literature reviewed before conducting the focus group. This section will provide demographics of the sample, specifics about coding, and the findings.

Sample Characteristics

The participants in the focus group consisted of all women with a Master's of Social Work degree. No male social workers expressed interest in participating in the study, which could be due to the social work field being predominately women. The experiences they brought included death and dying, mental health, health care needs, and case management within several types of environments including inpatient, outpatient, and long-term care settings. Pseudonyms have been given to the social workers to maintain their confidentiality. Their experiences added value to the findings.

Coding Specifics

The data analysis of the focus group started with 155 descriptive and 177 in-vivo codes. The codes were narrowed down to 20 categories. The 20 categories were activities, awareness, balance, barriers, boundaries, burnout, components of older adults, coping and skill sets, death and dying, education, emotions and capacity, environmental factors, experiences, facilities, impacts, mental health, mindfulness, people in our lives such as family, friends, and animals, social work responsibilities, and team. From these categories, themes were produced to help understand the research questions.

Self-care Practices

The self-care practices of social workers working with older adults centered around three themes. The first theme related to professional behaviors that addressed self-care. These included maintaining appropriate boundaries, practicing effective communication to educate others about responsibilities and expectations, and advocating self-care.

Appropriate boundaries. Several participants discussed how appropriate boundaries help with self-care to allow for that work and life balance. Daisy described how appropriate boundaries “help keep me balanced so that I can give my all when I am at work but also I can have enough to give myself in my own free time for whatever keeps me enjoying my life on the whole.” Sally added how boundaries help “when you are at work you can focus and be compassionate and really care about what you are doing while at work, and then when it is the end of the day to have other parts to enjoy.”

Several social workers discussed how a lack of appropriate boundaries could create a need for more self-care or cause feelings of burnout. Jane explained how a lack of proper boundaries impacts her when people are in crisis by describing how when “people are in need, they will just take and take and take, and you have to have some boundaries just to be able to help the next person.” Danielle said “when you work with vulnerable people, if you’re not good with your boundaries, it sinks in. I would agree about being emotionally taxing and establishing boundaries helps to take a step back in situations.” Sally said other boundaries can include “allowing yourself to go to the bathroom when you have to go to the bathroom even when you know people are waiting

for you and recognizing you are just one person and should be allowed to go to the bathroom.” While participants laughed at this remark, they all agreed about the importance of boundaries when working with older adults. Other boundaries include educating older adults about a social worker’s competency due to the age difference between older adults and the social workers helping them. Sally described how she gets called “honey or hey kiddo because I am younger looking” and how younger can lead to assumptions by older adults that social workers are not experienced or skilled enough to help them with their needs. Social workers then must protect boundaries as they build rapport and set limits with older adults and other professionals.

Effective communication to educate others about responsibilities and expectations. Effective communication can help restore professional boundaries through educating about the responsibilities and expectations of social workers and their roles. Danielle described how she had to establish limits with a past supervisor because this past supervisor had poor boundaries and would expect her to be her therapist. She added “my past supervisor had a lot of issues and it was hard to take time for myself dealing with the clients’ issues, the relationship with my boss, and trying to maintain professionalism.” She said how the lack of boundaries created a feeling of “lost.” Sally added “if a patient in the hospital started crying, a social worker referral was made even if there was family there.” She said “the expectation was a social worker would go see why somebody was crying.” She added how other professionals, including doctors and nurses, would stay in the patient’s room but expected a social worker to address the patient crying. Tara added how another expectation was around the assumption “social workers are too touchy

feeling.” Social workers are to be empathetic with those they work with, as stated by the NASW (2017). The participants helped demonstrate how practicing effective communication can help other professionals understand what social workers do to make appropriate social work referrals. Effective communication can establish boundaries and help advocate for older adults.

Social workers added how the lack of boundaries with teams, such as interdisciplinary teams (IDT), leads to misunderstandings of what social workers do and their responsibilities. Effective ways to communicate responsibilities and expectations represents a form of self-care for the social worker. One example of this is how teams would ask social workers to call Adult Protective Services (APS). APS is an agency that protects vulnerable adults, such as older adults, from self-neglect, financial exploitation, abuse, and so forth. By using effective communication, social workers educated these team members about what social workers’ responsibilities and expectations are.

Jane stated she “found a note on my desk stating I need to call APS” and how she educated the nurse who left the note about what it means to be a mandated reporter. The feedback Jane received from that nurse was “no, that is a social workers’ job.” The participants described how expecting social workers to call APS or other crisis lines is the norm; there are mandated reporting laws that state other professionals, such as doctors and nurses, are mandated by law to call when concerns arise related to APS or other crises. In the Pacific Northwest, mandated reporters are any professionals and individuals who have contact with vulnerable adults, such as older adults, and suspect or believe abuse, abandonment, neglect, or financial exploitation has occurred (Washington State

Department of Social and Health Services, n.d.). Vulnerable adults are categorized as an individual who is 60 years or older, who is unable to care for themselves, who has a developmental disability, admitted to any facility, receiving services from home health, hospice, or home care agencies that are required to be licensed, receiving services from an individual provider, such as a doctor, nurse, or social worker, and who self-directs their care and receives services from a personal aide (Washington State Department of Social and Health Services, n.d.). Social workers advocate for others, including for their own needs including self-care.

Advocacy for self-care. Another aspect of self-care for the participants was the importance of advocating for the needs of social workers. Social workers support older adults and their needs, but they also support their needs to do their work. Susan described advocacy as “having to push back against expectations of social workers made by other professionals and how isolating can occur because of the resistance from the push back.” She added how advocacy includes needing help and “you end up either dealing with isolation or finding another social worker to outlet to, if you can, or you just take it on so you do not have to fight.” Brenda said how expectations lead to social workers advocating on doing work within their clinical skills and how “there is a lot of expectations of what social workers do from other departments.” She adds how these expectations do not align with what social workers do, what is best for older adults, or how these expectations create barriers. Expectations can create system barriers to what social workers can and cannot do within scope of practice as stated by NASW (2017). Brenda demonstrated this circular notion of how things can come back to social workers

working with older adults because of not sure who takes responsibility to follow up with older adults and needs unrelated to other professionals. This includes something new or unexpected and social workers are usually asked to pick up the task. Social workers have clinical skills and are ethically responsible for acting within their scope of practice according to the NASW (2017). Social workers practice self-care by maintaining appropriate boundaries, using effective communication to educate other professionals about social workers' responsibilities and expectations, and advocating for their needs.

Mindfulness

The second theme is how social workers working with older adults in the Pacific Northwest practice self-care through mindfulness, self-awareness around emotions, and impacts of job related experiences. All social work participants stated how experiences working with older adults includes a lot of emotions and impacts. By being mindful and self-aware, social workers can identify feelings of burnt out from factors related to working with older adults. Brenda said noticing feelings can be distracting "when brainstorming with a team and one's mind is days ahead with things that they have to do" and how it impacts being present in the moment. Daisy added, "in situations I react to situational triggers of family members of older adults that are not acknowledging what the individual is wishing and how a family member is trying to bulldoze the situation."

Participants demonstrated several other situations about being mindful and how having self-awareness help them focus on what is important in the moment including things they can and cannot control. Self-awareness can help prevent counter-transference. Counter-transference occurs when a situation is similar to a personal situation of a social

worker's (Dombo & Gray, 2013; Toson et al., 2012; Verharen et al., 2015). Daisy said an older adult reminded her of her mother and goes on to describe how "her lifestyle can mirror my mother's due to moving to a new location, not having friends, and not taking initiative do things. The individual was voluntarily bed bound and refused to get up." By being mindful, Daisy recognized this could be an issue and "talked with a supervisor about how she was approaching this and what her motives were." The use of supervision prevented any issues and Daisy was able to practice self-care.

Other areas of mindfulness and self-awareness include one's morals, beliefs, biases, and judgments. Participants discussed how being self-aware about these factors helped prevent judgment. Danielle added "how we judge people when they do not make the decisions we think is best for them and accept their self-determination by letting it go and still offering whatever support we can." This comment speaks to how being self-aware helps social workers remain client-centered. Mindfulness ensures biases are not projected on older adults and not to stereotype older adults based off of their diagnoses. Mindfulness also helps to "recognize older adults are beyond the diagnoses," stated by Daisy. Mindfulness is "relating to the people we work with because it is easy to look at the list of conditions or socioeconomic status and identify older adults as 'they are this' and not go beyond that to actually learn who they are," Danielle added. Social workers are mindful of older adults' wishes. Mindfulness helps to have a positive rapport and assists social workers with practicing self-care because of the therapeutic relationship.

Other emotions and impacts of working with older adults include cognitive functioning of older adults, system barriers, lack of support from the team, the aging

process, and death and dying process. Participants mentioned how often there is an assumption made about older adults and their cognitive functioning. Older adults are asked to complete advance directives to appoint someone to advocate on their behalf, even when they are still cognitively intact. By being mindful of older adults, their cognitive functioning, and decision-making capacities, social workers advocate on behalf of older adults and their needs when other professionals and families of older adults are wanting something different. Susan stated, “with families that have different expectations or interpretations of what is going on, these people or systems can keep you from effectively doing your job and it is difficult.” Sally mentioned “it is easy to get overwhelmed with systems because these individuals are 70 and 80 years old, and have somehow survived, but the system has continued to fail them and force them into situations.” Social workers advocate on behalf of older adults with systems through mindfulness to be aware of the needs of older adults.

Mindfulness helps understand limitations for older adults including barriers to getting their needs met, such as limited income and housing. Sally added how older adults with limited income confines quality of life with housing related issues around losing their homes and not being able to afford rent. Social workers assist with housing issues and resources related to the needs of older adults. In a team setting, team members add what they think is best housing placement for an older adult and sometimes have differing opinions from what the older adult wants. This impacts the social worker’s job with trying to find housing and creates barriers. Social workers are required to be aware of housing placement that best meets the needs of older adults while balancing the

recommendations of the older adult's team to include what an older adult wants. Daisy added "it is the social worker that is responsible for finding a new place setting for someone." She described how finding placement has barriers including "not necessarily getting support from my team because they do not always share all of the information that I need to move forward with a placement and I feel isolated because of the frustrations of other teammates due to timing expectations." Social workers use mindfulness to advocate for best placement option and other impacts related to working with older adults.

These other impacts related to social workers including employment settings and social workers' families. Social workers practice mindfulness to be aware of these impacts and how these impacts relate to what social workers do when working with older adults. Participants shared how their employers impact their ability to practice self-care with increased job responsibilities, expectations, poor boundaries, and barriers, as previously mentioned. Jane stated, "whenever you have family, it is easier to maintain boundaries and continue self-care when you are working with just clients." She adds how family situations can become barriers to self-care, such as "when my phone started ringing and it was my daughter-in-law in another state calling because my grandson had a tick and she did not know how to get rid of a tick." She adds how her family members call so much that it impacts her ability to practice self-care. With mindfulness, social workers are aware of these impacts from employers and family members to help manage their responsibilities, roles, and set boundaries to care for themselves. Participants shared how family members have expectations of them to problem solve situations because of

the clinical backgrounds. Self-awareness allows social workers to set boundaries for self-care and expectations of their roles in their families.

By being mindful and self-aware about emotions and impacts related to experiences of working with older adults, social workers can practice self-care more regularly. Daisy discussed how “acknowledging self-care can sometimes mean doing nothing instead of doing something.” She adds how sometimes she will plan a self-care activity, but then will want to do nothing and how accepting “this is what I am capable of right now makes a big difference for self-care.” She added how self-expectations create barriers to self-care but by having self-awareness to “acknowledge that I do not need to live in a life of should’s and I can do what I am capable of what makes me happy.”

Support. The third theme is how the participants’ practice self-care by seeking help from other social workers to prevent isolation and for accountability. Participants stated seeking other social workers for support for stressful situations help to debrief and process these situations for self-care. Brenda is married to a social worker in the field and mentioned how “he is a great listener and I always have the option to debrief if I want to debrief with him.” Daisy described how she spends time with other social workers who she works with to ensure everyone is practicing self-care through “joking or doing something silly.” Laughter is another way to practice self-care.

Participants use support from other social workers to hold them accountable for their self-care practices. Danielle mentioned, “I think that when you are accountable to someone about your self-care activity they can hold you accountable.” Susan mentioned she gets her nails done regularly and how if her social worker support sees her nails not

done then they check in to make sure Susan is practicing self-care. Having that support system for accountability can help increase self-care practices of social workers. Daisy expressed how “identifying people that can participate in some of your self-care routines can make those activities more enjoyable and even more self-care centered.”

Strategies to Increase Self-care

The second research question in this study asked what strategies can be used to increase self-care practices among social workers working with older adults. The strategies that can be used to increase self-care practices among social workers working with older adults concluded with two themes. The first theme is social workers can be more self-aware and mindful of their inner self to include mental health, counter-transference, over-identification, outside influences, such as family involvement of older adults and their family, and the aging process including death and dying.

Self-awareness and mindfulness of inner self and outside influences. Mindful of self-awareness has already been mentioned around counter-transference, over-identification, family involvement of older adults, social workers’ family members, and the aging process including death and dying, but there are other examples how this theme can be used to increase self-care. Tara mentioned the false burden bearing with family. She added how “being aware if I hear a family member is going through something, I feel like I have to do something, but it is not my burden and I can actually be a hinderance to that person.” Jane stated “I think that being aware helps people and helps me to stay attuned to my needs and my self-care.” She added how “acknowledging when I have nothing left to give” helps her reserve her energy for self-care and to recharge. She used

this acknowledgment with her family who comes to visit and mentioned how she tells them she is “talked out” but states “they can be in the same room while practicing self-care with the boundary of not expecting a conversation.”

Being aware of older adults includes the aging process and about humanity.

Another example of self-care strategies is coping with the aging process around death and dying. Daisy mentioned how her team gets together to remember those who have passed to help promote humanity. They light a candle and share funny memories of that person. She added “as people are progressing throughout the aging process towards death and dying, it is easy to cut off that memory of the human aspect to be able to cope with end of life.” She said how “death affects the team differently” and how their team honors each individual with candles and sharing memories including “some funny things they said.” By remembering older adults this way, Daisy humanized this individual and acknowledged the passing of this individual. This is a healthy coping strategy used for self-care. Participants added how self-awareness around humanity helps to acknowledge “we all make bad choices and mistakes.” Acknowledging that mistakes will happen allows for social workers to manage their responsibilities without the pressure of having to be flawless, This strategy helps to increase self-care because it removes the expectation of having to get things accurate all the time depending upon job roles, team members, and system barriers.

Mindful of job roles regarding team and system barriers. The second theme is social workers can be more cognizant of job roles regarding team and system barriers to prevent isolation. As mentioned earlier, social workers can use mindfulness regarding

their roles in relations to their team including system barriers to navigate situations working with older adults. Without this mindfulness, social workers can feel a sense of isolation that can lead to burnout. Danielle stated “in a rural setting, there is limited ability for the team to drive to see clients” and how she would try to manage to see each client. Danielle added how her team would not offer to help see the members and boundaries got blurred because she was expected to relay information from her team and when questions would come up from the client about the information, she was expected to know how to answer them. Danielle stated she had to remind her team of her scope of practice and was able to reduce the stress around meeting the clients’ needs. This increased self-care for her by knowing she helped the clients. Sally stated while she worked in a medical setting “there were lots of other disciplines that would make assumptions that they know what is best for an individual. I felt isolated because they were advocating for something the patient did not want.” She added how the other disciplines do not want to recognize that the patient has the capacity to make their own decisions and this created difficulty when she tried to advocate for what that individual wanted. Social workers practice client-centered approaches to increase self-care because social workers take responsibility for helping able to help older adults with their needs even when there lacks support from their teams. There are other self-care strategies that were unexpectedly mentioned by participants.

Unexpected Findings

Out of the data gathered, an unexpected finding was the physical symptoms related to lack of self-care. While I am aware that lack of self-care creates a variety of

symptoms, there were many examples participants shared related physical symptoms. Participants mentioned how lack of self-care brought on headaches and feelings of fatigue. Another unexpected finding of the focus group that was not identified in the literature review was the number of system barriers. System barriers play a role in social workers working with older adults and their self-care practices.

Summary

The findings supported understanding self-care practices of social workers working with older adults. Self-care practices of these social workers related to professional behaviors that addressed self-care to include appropriate boundaries, effective communication, education about responsibilities and expectations, and advocacy regarding the need for self-care. Social workers use mindfulness and self-awareness of emotions and impacts from work related experiences for self-care practices. Social workers use support from other social workers for accountability of self-care to prevent isolation. Strategies to increase self-care practices include additional self-awareness and mindfulness about inner self, such as mental health, counter-transference, and over-identification, as well as outside influences, such as family members of older adults, personal family, the aging process, death and dying, and promoting humanity. Additional strategies include being mindful of how job roles relate in team and system barriers to prevent isolation. These participants helped understand self-care practices to help create positive social change to the field of social work. By knowing these findings, social workers will be able to practice self-care and provide quality services to others. With quality services come satisfied individuals and better outcomes for their needs.

Social workers will be able to help work with their teams, systems, and older adults to effectively help others more efficiently all through practicing self-care. In Section 4, I present how the findings of this study can be applied to professional practice and how enhancing the understanding of the importance of self-care has implications for social change.

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

The purpose of the study was to understand self-care practices of geriatric social workers in the Pacific Northwest. This study was a qualitative design using action research with a purposive sample of social workers working with older adults in the Pacific Northwest; data were gathered through a focus group. Using this type of approach allowed for flexibility in collecting data through a discussion type forum regarding the participants' experiences working with older adults and their understanding of self-care practice (Oliver et al., 2013; Tosone et al., 2012). By understanding these experiences, positive changes can be made to help the social work field to improve self-care.

A summary of the findings included barriers, impacts, and mindfulness regarding self-care practices and strategies to increase them. The participants helped me understand self-care practices and strategies that can improve the field of social work. These findings can inform social work practice about the importance of self-care and provide strategies to increase self-care practices for social workers.

The findings can extend knowledge in the social work field by bringing more awareness regarding self-care practices. By increasing awareness about self-care practice and applying those practices, social workers may more efficiently manage stress concerning the factors related to working with older adults, such as the aging process and end-of-life care (Potash et al., 2015). Increased awareness about the importance of self-care and other strategies to increase self-care practices may help social workers maintain a healthy balance between work and personal life and effectively manage stress regarding responsibilities, limited resources, system barriers, the aging process and end of life care,

vicarious trauma, compassion fatigue, and burnout. By increasing self-care, social workers may stay in the field of aging longer and potentially more social workers will be attracted to the field (Diaconescu, 2015; Lucian, 2015; Newell & Nelson-Gardell, 2014). Self-care is essential to the social work field, especially with the continuing growth in the aging population, and it is essential to be mindful of self-care practices and what strategies can help increase them.

Social workers working with older adults experience various challenges that create a need for self-care. The goal of this research was to understand self-care practices. The goal is also to identify potential strategies to increase self-care practices.

Application to Professional Ethics in Social Work Practice

The values of the NASW (2017) that relate to the social work problem includes the core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. Findings regarding self-care practice and strategies could be used to help improve self-care practices in the social work field. Dignity and worth of the person, as well as the importance of human relationships, relate to how social workers show compassion towards others and themselves (NASW, 2017). Integrity of social workers is evidenced by social workers practicing within their scope of practice to maintain competency in their professional expertise while working with older adults and self-care practice to ensure they uphold professionalism (NASW, 2017).

The NASW Code of Ethics guides clinical social work practice in working with older adults by protecting the participants who attended the focus group to ensure the values of social workers, as mentioned above, are considered during the data collection

and analysis. Through understanding self-care practice and strategies to increase it, social workers may reduce feelings of stress, burn out, vicarious trauma, and other emotional reactions related to working with older adults. Self-care helps ensure social workers maintain self-compassion, and compassion for others they work with when working with older adults. This research supports the values social workers uphold from the NASW Code of Ethics (2017), as previously mentioned, and may impact social work practice through encouraging social workers to maintain professionalism and ensure quality services and skills.

Recommendations for Social Work Practice

Based on the findings, two actions steps are recommended to underscore the importance of self-care and increase self-care practices among social work professionals who work with older adults. The first action step is to incorporate education and training about the importance of self-care and strategies for self-care practice in social work courses required for Bachelor's and Master's degrees, as well as in continuing education opportunities for social work licensures. As confirmed by the literature, education and training can increase social workers' knowledge about self-care and how self-care strategies can help social workers working with older adults to prevent burnout, compassion fatigue, and other factors related to stress, as well as provide more understanding about the importance of self-care practices. By adding education and training about self-care, social workers may be better prepared to handle situations related to working with older adults through empowerment and confidence in their self-care.

The second action step is to incorporate the findings into employment settings where social workers work with older adults to help bring awareness and mindfulness regarding the importance of self-care and strategies of self-care. By integrating the results into employment settings, social workers' awareness and mindfulness about self-care practice correlate with education and training for social workers in the field to help agencies where social workers work with older adults to understand the importance of social workers working with older adults with self-care practices. Education and training in the workplace can help social workers work more efficiently and effectively by using the self-care tools mentioned in the findings with the support of their employers and work teams. By increasing the employers' awareness of the value of social workers working with older adults in relation to self-care, employers may be able to provide better support, compensation, resources, and team collaboration to encourage self-care of all professionals, not just social workers. By using employment settings that include social workers working with older adults to help bring awareness to self-care, this may help to maintain social workers who work with older adults and attract more social workers to this profession. Social workers may be better able to maintain work-life balance through self-care, and positive social change will be created as described by the ripple effect that will be mentioned in further detail.

These findings will impact my social work practice as an advanced practitioner. I am more mindful of my self-care needs in relation to the demands of my current job responsibilities. As responsibilities continue to increase, I am setting more appropriate boundaries to manage expectations and what is within my scope of practice as a social

worker. The amount of self-care I practice has increased since the focus group, in order to ensure I can maintain a balance to manage everything in my life. I find myself already educating social workers, other professionals, and even the individuals I work with about the importance of self-care in their work, health, and personal lives.

I have considered talking with a few agencies that hold continuing education courses for social workers to see how I can facilitate a self-care continuing education course. I want to make sure I discuss the transferability of the findings from this study to the field of clinical social work practice. To disseminate findings and for transferability purposes to the broader field of social work, I have reached out to a few agencies that work with social workers and older adults to see about discussing the findings. The goal would be to use the opportunity to help create social change and at the same time, provide continuing education to social workers to support licensure requirements. By applying the findings to continuing education, this helps other social workers understand the importance of self-care when working with older adults.

The findings from this study may help social workers manage responsibilities of being a social worker with factors related to their profession, whether it be older adults or another population. By using self-care, social workers can empower themselves and others to manage more effectively health care, behavioral health, and other factors of life. Social workers often do not practice self-care (Barsky, 2015; Bloomquist et al., 2015; Fries, 2013). The findings may help social workers increase their awareness and be mindful about the benefits of regularly practicing self-care.

Knowledge about self-care practices may help social workers be more efficient and effective in providing services. However, limitations around the findings might prove ineffective with other populations social workers work with since other factors may create impacts and barriers to working with populations outside of older adults. The data analysis supports the application of the results related to social workers working with older adults. However, it is up to the readers to determine whether the findings could be useful to their specific setting. To address limitations, potential recommendations can be made for further research.

Recommendations regarding further research relating to self-care practices of social workers with other populations can help highlight the importance of self-care and address limitations. More research around the different types of facilities with older adults, such as outpatient and inpatient facilities, skilled nursing homes, hospice, and home environments, can focus in on more specifics related to social workers working with older adults and their self-care practices. Another recommendation is to focus on different types of self-care strategies to help explore the effectiveness of self-care practice. Any research on self-care can be positive for the field of social work because self-care ensures a healthy mindset.

There are ways to disseminate the findings to help social workers understand the importance of self-care. One way to help broadcast the importance of self-care is to share the findings with different social work networks that have social work members, such as the NASW, Washington Coalition, and Washington State Society for Clinical Social Work, and other social work groups on social media. Another way to get the word out

about the importance of self-care for social work professionals, as mentioned earlier, is through continuing education courses. Through these and other dissemination strategies, social workers can enhance their knowledge about self-care and strategies of self-care practices that may lead to a healthy balance in life between work and personal. For a healthy balance, implications for social change are presented to add value to understanding self-care practices and strategies for self-care.

Implications for Social Change

There are potential implications for positive social change at the micro, mezzo, and macro levels, and on practice, research, and policy levels. On a micro level, social workers who practice self-care more may work more effectively and efficient with older adults, their families, and their teams. Self-care includes social work practice through education and training around the importance of self-care (Berthold & Fischman, 2014; Potash et al., 2015). Social workers may be able to manage situations better and help in a way that adds quality to the social work practice. When this happens, there is a ripple effect.

Quality of services impacts the mezzo level through helping institutions and other facilities help older adults to increase their quality of care. As the ripple continues, the quality of care expands to communities and systems that impact older adults at the macro level (Berthold & Fischman, 2014; Potash et al., 2015). This includes current and potential future research around self-care practices that can potentially reach policy levels to help social workers with self-care and work with older adults. Quality care enhances the outcomes of older adults in the aging process and provides the potential for those who

work with older adults, not just social workers, to be innovated with care by practicing self-care.

Summary

There are many benefits to self-care, which is why I chose to understand self-care practices of social workers working with older adults. Social workers who work with older adults face many challenges that create need for self-care. Self-care helps social workers manage various components that come with working with older adults. The findings from this study may help social workers and organizations that have social workers working with older adults to be more aware of self-care, increase self-care practices, and enhance the social work profession. Knowing self-care is essential in helping social workers with self-care to enhance the quality of work they provide, increase compassion satisfaction, and have a positive impact through other professionals and others they encounter. By helping yourself to practice self-care, you can help change the world!

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Appendix A: Interview Protocol for Focus Group

- **Focus Group Discussion**

- I will initiate the discussion by asking the following question:
 1. What is your experience with working with older adults?
 2. What is your understanding of self-care?
 3. Why is self-care important?
 4. How does self-care relate to working with older adults?
 5. What is self-compassion and how do you express self-compassion?
 6. What is your understanding of mindfulness and how do you express mindfulness?
 7. Why is self-awareness important to social workers who work with older adults?
 8. What is your understanding of over-identification and how have you experienced this, if any?
 9. What are your thoughts about the importance of being aware of over-identifying of one's own thoughts and feelings?
 10. How does over-identification impact self-care?
 11. What is transference and what experiences have you had related to transference, if any?
 12. What is self-judgment and what experiences have you had related to self-judgment, if any?
 13. How does transference and judgment relate to working with older adults and self-care practice?
 14. What is your understanding of what it means to be "human" and how does this relate to your experience working with older adults?
 15. What experiences have you had working with older adults where you isolated or felt like isolating yourself?
 16. How does isolation relate to self-care practices?
 17. What self-care practices do you practice?
 18. How often do you practice self-care?
 19. What experiences have impacted your ability to practice self-care?
 20. What strategies can be used to increase self-care practices?
- Closing questions will include the following:
 - Do you have any additional information or questions to add before concluding the focus group?
 - Does anyone need any referral resources or immediate support after this focus group?
- Conclusion
 - I will thank each participant for their time and offer them to enjoy the room, refreshments, and other participants as they choose.

- I will explain how follow up calls will be done after I transcribe the information to provide additional support and clarify any information.
- I will inform each participant of the option to get a copy of the summarized findings once completed as a thank you for their time.
- A summary of the findings upon completion will be provided to each participant that wants a copy via email.
 - A personalized thank you message will be included in the email expressing appreciation for their time and effort.