



Exploring the Self-Care Practice of Practicum Supervisors: Implications for Field Education

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Abstract

Despite the increasing attention to self-care within the broader social work profession, research on the topic is nominal, particularly within the context of social work education. This cross-sectional, exploratory study surveyed social work field practicum supervisors ($N=127$) in one Southeastern state regarding their personal and professional self-care practices. Results indicate a significant relationship between two key variables and personal and professional self-care scores, respectively. Specifically, social work field practicum supervisors from for profit entities reported higher self-care practices than those employed at non-profit entities. As well, those with a social work license indicated higher self-care. Both of these variables (e.g., employer type and licensing status) significantly explained self-care. After a review of relevant literature, this paper reports findings, presents pertinent discussion points, and explicates apposite areas for future research.

Keywords: self-care; field practicum supervisors; social work education

Introduction

Within social work, there is a burgeoning self-care movement afoot. Both empirical studies (e.g., Bloomquist, Wood, Friedmeyer-Trainor, & Kim, 2015; Miller, Lianekhammy, Pope, Lee, & Grise-Owens, 2017) and popular media outlets, such as *Forbes Magazine* (Nazish, 2017) and *The Atlantic* (Beck, 2015) have issued calls for more attention to self-care. This movement is necessitated by the increasingly complex challenges plaguing social work practitioners. Collectively, research indicates that social work practitioners are at an increased risk for compassion fatigue, secondary/vicarious trauma, and professional burnout (e.g., Dunkley & Whelan, 2006; Miller et al., 2016). Moreover, individuals employed in social service contexts are inordinately impacted by inimical bureaucratic processes and protocols. Indeed, these challenges, and others, indicate that social work practice is becoming increasingly complicated (Grise-Owens, Miller, & Eaves, 2016).

There is ample evidence to suggest that adroit self-care practices can help to assuage many of these problematic employment circumstances (Grise-Owens et al., 2016; Smullens, 2015). Thus, it is imperative that social work students learn and be socialized to engage in adept self-care. Whilst field practicum supervisors are vital to this socialization process, little is known about this key educational constituency group in relation to self-care. An exhaustive literature review of relevant databases revealed no studies in this area. This paper seeks to address this dearth in the literature.

This exploratory study examined the personal and professional self-care practices of social work field practicum supervisors ($N=127$) in one Southeastern state. In so doing, this paper becomes the first known to the authors to examine this topic. Given the influence of field practicum supervisors on the introductory professional development of social work students (Mosek & Ben-Oz, 2011; Reisch & Jarman-Rohde, 2000), it is imperative that these types of examinations are undertaken. After a brief review of literature, this paper will explicate results from this study, discuss salient discussion points derived from these results, and conclude by delineating apposite areas for future research.

Background

Challenges Facing Social Workers

The challenges facing social workers, and thus making self-care necessary, are multifarious and well-documented. A common challenge is inordinate and complex

caseloads (An & Chapman, 2014; Blomberg, Kallio, Kroll, & Saarinen, 2015; Jack & Donnellan, 2010; Marc & Osvat, 2013; Vyas & Luk, 2011). In addition, many social workers, particularly those working in areas of criminal justice and child welfare, report feeling unsafe in their workspace (Jayaratne, Croxton, & Mattison, 2004; Whitaker, Weismiller & Clark, 2006). Other challenges include: lack of access to adequate supervision (Calitz, Roux, & Strydom, 2014), perceived salary inadequacy or insecurity (An & Chapman, 2014; Calitz et al., 2014; Marc & Osvat, 2013; Vyas & Luk, 2011), professional role ambiguity or conflict (Blomberg et al., 2015; Marc & Osvat, 2013; Savaya, 2014; Siefert, Jayaratne, & Chess, 1991), verbal abuse (Jayaratne et al., 2004), and a poor public perception associated with social work (Collings & Murray, 1996). Indeed, as Vyas and Luk (2011) aptly summarized, “social workers are under great pressure in the workplace” (p. 835).

The consequences of these challenges are also well-documented. Several authors (e.g., Johnson et al., 2005; Savaya, 2014) have postulated that social work is among the most stressful professions. Unfortunately, vicarious/secondary trauma is commonplace. Ting, Jacobson, and Sanders (2011) asserted that exposure to clients’ traumatic life experiences can have negative effects on social workers. Likewise, workplace stressors, such as those previously referenced, can lead to high rates of burnout (Coffey, Dugdill, & Tattersall, 2004; Newell & MacNeil, 2010), low job satisfaction, and subsequently, high employee turnover (Calitz et al., 2014). Deleterious employment circumstances can also negatively impact social workers’ mental health and well-being (Marc & Osvat, 2013; Vyas & Luk, 2011) and limit their ability to engage in critical self-reflection and inspection (Jack & Donnellan, 2010). These consequences can impact an individual’s professional and personal life alike (Vyas & Luk, 2011).

Self-Care as a Response

Self-care, particularly for social workers, is generally regarded as one way to redress problematic employment circumstances (Bent-Goodley, 2018). Historically, self-care has been viewed through a medical prism, whereby “patients” engage in certain behaviors to allay the negative impacts of medical ailments (Valentine, 1970; World Health Organization, 1983; World Self-Medication Industry, 2010). However, contemporary conceptions of self-care have evolved to include more holistic perspectives that encourage those offering services to engage in self-care. Specifically, self-care is increasingly viewed as a necessity for skillful social work practice (Grise-Owens et al., 2016). According to Lee and Miller (2013), self-care is the “engagement in behaviors that support health and well-being” (p. 96). Conceptualizations of self-care typically reflect three primary overarching domains: physical activities (Jordan, 2010), mental

activities (Richards, Campenni, & Muse-Burke, 2010), and organizational activities (Dombo & Gray, 2013). Several authors have also discussed the spiritual elements of self-care (e.g., Dombo & Gray, 2013). Jordan (2010) defined self-care as including “practicing a healthy lifestyle, such as adequate sleep, a well-balanced diet with regular meals, exercise, and rest” as well as “recreational activities such as reading, sports, exercise, and so forth” (pp. 231-232). Perhaps, given the subjective nature of self-care, Miller et al. (2016) offered the most applicable explanation by asserting that self-care is most appropriately defined by the individuals choosing to engage in it.

To be clear, the social work literature, in general, is in the nascent stages of exploring self-care among practitioner groups (Bloomquist et al., 2015; Cox & Steiner, 2013; Grise-Owens et al., 2016; Lee & Miller, 2013; Miller, Donohue-Dioh, Niu, & Shalash, 2018; Smullens, 2015). However, there is evidence to support the notion that self-care can be impactful in assuaging the consequences of inimical employment circumstances.

For instance, Salloum, Kondrat, Johnco, and Olson (2015) asserted that child welfare workers who engaged in healthy self-care practices reduced the risk of burnout and had increased levels of compassion satisfaction, when compared to others. Cohen and Gagin (2005) made similar assertions. Sansó et al. (2015) suggested that self-care practices may increase efficacy associated with professional practice, while Asuero et al. (2014) asserted that those engaging in self-care may exhibit increased perceptions of professionalism. Several other authors have made similar assertions about the potential for self-care to assuage employment-related issues (Bush, 2015; Cleantis, 2017; Lee & Miller, 2013; Miller et al., 2017; Skinner, 2015).

Self-Care and Social Work Field Education

As discussed, the literature examining self-care within the broader social work profession is nominal; the literature examining the concept within the context of social work education is even more limited. In discussing this paucity, Moore, Bledsoe, Perry, and Robinson (2011) postulated that the exigent literature reveals “scant” research about self-care within the context of social work education (p. 545). Grise-Owens, Miller, Escobar-Ratliff, and George (2017) described the literature about self-care and social work education as “sparse” (p. 1). Bloomquist and colleagues (2015) went so far as to declare that social work educational programs “do not teach social workers how to effectively engage in self-care practice” (p. 292). Other authors have made similar assertions (e.g., Bonifas & Napoli, 2014; Greene, Mullins, Baggett, & Cherry, 2017; Newell & Nelson-Gardell, 2014; Pyles & Adam, 2016).

Implications derived from the literature are clear. Whilst the promise of self-care in addressing problematic employment characteristics is clear, and despite calls for additional literature on the topic, research about self-care is minimal. Specifically, studies that examine self-care within social work education are limited. Given the impact that field practicum supervisors have on social work students, and the responsibility supervisors have in educating students about social work practice, it is imperative that this critical issue be examined. As indicated, this is the first known study to investigate self-care among this important education stakeholder group.

Study Aims

The overarching aim of this exploratory study was to examine the self-care practices of field practicum supervisors in one Southeastern state. With the overarching aim in mind, this study was guided by three distinct research queries (RQs):

RQ1. How often do field practicum supervisors engage in personal and professional self-care practices?

RQ2. Are there differences in self-care practices by demographic and professional characteristics, respectively?

RQ3. What demographic and professional variables can explain personal and professional self-care practices, respectively?

Methodology

Protocol

This research effort was part of a broader effort that examined aspects of wellness among social work education stakeholders. This study employed a cross-sectional research design. An online survey invitation was administered to collect primary data relevant to the aims of this study. All data were collected and managed via Survey Monkey™. Participants who completed the survey were offered a chance to enter a drawing for a \$500 cash card. The incentive survey was disconnected from the primary survey. Thus, participant responses were anonymous. All data were collected during the first quarter of 2017.

Sampling Procedure

To recruit participants for this study, a nonprobability (snowball) sampling procedure was utilized. An invitation to the online survey was sent to field supervisors in the Southeastern state in which this study occurred. Potential participants were asked to forward the invitation to other potential participants, thus calculating a response rate is not possible. All participants identified as a current field practicum supervisor (employed in an agency/organization) and all reported having supervised at least one student within the last 12 months. All protocols and procedures used for this study were approved by a university Institutional Review Board (IRB).

Instrument

To collect primary data from participants in this study, researchers utilized an instrument consisting of two overarching components. First, participants provided demographic information (race, age, etc.) and general professional information (time as a field practicum supervisor, practice setting, etc.) in response to items designed to collect primary data related to these variables.

Second, the researchers employed the *Self-Care Practices Scale* (SCPS) referenced by Lee, Bride, and Miller (2016). SCPS is 38-item instrument designed to assess the frequency of personal and professional self-care, respectively. The measure uses a five-point Likert scale ranging from 0 (never) to 4 (very often) and produces three scores: a summative personal self-care score (0-64), a summative professional self-care score (0-88), and a total score comprised of the sum of personal and professional self-care scores (0-152). For all scoring, the higher the score, the more frequently the respondent engages in self-care practices. "I engage in physical activities" is an example of an item for the personal self-care scale. "I acknowledge my successes at work" is an example of an item for the professional self-care scale. For this study, measures for personal (Cronbach's alpha = .81) and professional (Cronbach's alpha = .77) care displayed high internal consistency.

Data Screening and Analysis

Once the survey was closed, all data were downloaded from Survey Monkey™ into IBM SPSS Version 23.0 (SPSS, Inc., Chicago, IL). Participant data were screened, diagnosed, and edited prior to any analysis according to procedures outlined by Van Den Broeck, Cunningham, Eeckels, and Herbst (2005). A sample of 127 responses was obtained and used for analyses related to key variables under investigation.

Results

Respondents

A total of 127 field supervisors participated in this study. The typical participant identified as female, married, and aged 41.44 ($SD=13.30$) years. Overall, participants reported working an average of 39.08 ($SD=10.52$) hours per week and practicing social work for 13.30 ($SD=9.72$) years. Participants had served as field practicum supervisors for 8.6 ($SD=7.1$) years and reported supervising at least two students.

Other demographic and professional data are included in Table 1.

Table 1 Demographic Characteristics of Supervising Social Workers in the Child Welfare Field

		<i>N</i>	%
Gender			
	Male	17	13.4
	Female	108	85.0
	Other	1	0.8
Race/Ethnic Background			
	White non-Hispanic	103	81.1
	Black non-Hispanic	17	13.4
	Other	7	5.5
Current Relationship Status			
	Married	83	65.9
	Partnered	7	5.6
	Widowed	4	3.2
	Divorced	12	9.5
	Never married	20	15.9
Highest Academic Degree			
	Bachelor's	13	10.2
	Master's	106	83.5
	Other (Doctorate or First Professional Degree)	8	6.3
Employer Type			
	Non-Profit Setting	82	66.7
	For Profit Setting	40	32.5
Employer Status			

	Public (e.g., Governmental)	61	49.6
	Private	62	50.4
Members of Professional Organization(s)?			
	Yes	40	31.5
	No	87	68.5
Health Status			
	Excellent	2	1.6
	Very Good	123	96.9
	Good	1	0.8
	Poor	1	0.8
Current Financial Situation			
	I cannot make ends meet.	5	3.9
	I have just enough money to make ends meet.	37	29.1
	I have enough money, with a little left over.	61	48.0
	I always have money left over.	24	18.9
Total Gross Annual Household Income			
	Less than \$29,999	6	4.7
	\$30,000 - \$59,999	39	31.6
	\$60,000 - \$99,999	47	38.1
	\$100,000 - \$199,999	35	27.6
Current License Status			
	Currently Have a Social Work License	109	85.8
	Have Had a Social Work License	1	0.8
	Never Had a Social Work License	17	13.4

Self-Care Practices

Participant personal, professional, and overall self-care scores are included in Table 2.

Table 2 Self-Care Scores for Field Practicum Supervisors

Descriptives	<i>N</i>	<i>M</i>	<i>SD</i>	<i>Mdn</i>
Personal Scale Score	127	62.87	7.99	63.00
Professional Self-Care Score	127	83.67	10.51	83.00
Total Self-Care Score	127	108.54	17.38	109.00

Due to the exploratory nature of the study, one-way analyses of variances (ANOVAs) or independent sample t-tests were conducted to investigate differences between key variables on the dependent variables personal and professional self-care scores. In addition, due to the unequal sample sizes under certain categorical variables, non-

parametric alternatives were also performed when necessary to compare the data distribution across the groups. No significant differences in personal or professional self-care scores were detected, except on two variables: *Employer Type* and *Licensing Status*. Table 3 contains a summary of results for the group comparison analyses conducted.

Table 3 Group Comparison Results for Supervising Social Workers in the Child Welfare Field

Personal Self-Care					
	<i>df</i>	<i>t/Z</i>	<i>p</i>	<i>SE</i>	CI 95%
Organization Type	120	-2.209*	0.029	1.468	[-6.15, -0.34]
Current License Type	120	-1.473	0.141	-	-
Professional Self-Care					
	<i>df</i>	<i>t/Z</i>	<i>p</i>	<i>SE</i>	CI 95%
Organization Type	120	-2.505*	0.014	1.992	[-8.93, -1.05]
Current License Type	120	-2.762**	0.006	-	-

* $p < .05$

** $p < .01$

Current license type was self-reported as being “I currently have a social work license,” “I have had a social work license,” or “I have never held a social work license.” Only a very small number of respondents noted “I have had a social work license” ($n=1$); thus, the case was filtered out from the analysis to better compare the other two response types. Due to the significantly unequal sample sizes, a Mann-Whitney U Test, the nonparametric alternative of the independent t-test, was used. A between-subjects effect was found comparing mean professional self-care score among respondents of different licensure status, $Z(120)=-2.76$, $p<.01$. The descriptive statistics indicated that respondents who were currently licensed ($M=84.78$, $SD=8.76$) had a significantly higher professional self-care score than those who had never held a social work license ($M=76.00$, $SD=16.61$).

Organization type of employers was self-reported as “for profit” or “non-profit.” An independent t-test with equal variances assumed was used to compare mean personal self-care scores between the different organization types and was found to be statistically significant, $t(120)=-2.21$, $p<.05$. The descriptive statistics revealed a significantly higher mean personal self-care score for those from for profit organizations ($M=65.15$, $SD=6.95$) than those from non-profit organizations ($M=61.91$,

$SD=7.91$). The t-test comparing mean professional self-score for respondents with different organization types yielded a similar pattern of significant results, $t(120)=-2.51, p<.05$. The descriptive statistics indicated that the mean professional self-care score for those from for profit organizations ($M=87.13, SD=10.10$) were significantly higher than mean scores of those from non-profit organizations ($M=82.13, SD=10.44$). Among continuous variables, A Pearson correlation revealed a significant positive relationship between age and professional self-care ($r=.222; p<.05$).

Multivariate Analysis

To explore the effects key factors that may help to explain aspects of self-care practices overall, a multiple regression analysis was conducted on personal and professional self-care scores. As discussed, total possible self-care scores could range from zero to 152, with higher scores denoting greater engagement in self-care practices. *Age*, *organization type*, and *current license type* were included as factors (e.g., independent variables) in the model. Since two out of the three factors were dichotomous variables, they were dummy coded as level "0" or level "1" for regression analyses. According to Alkharusi (2012), the unequal sample sizes (based on the two dichotomous factors) had "no impact on the dummy coding method" (p. 208); thus the researchers decided to perform ordinary least squares regression procedures.

This model was statistically significant for personal self-care, $F(3, 106)=4.11, p=.008, R^2=.107, \text{adjusted } R^2=.081$. Results revealed that only two variables significantly explained personal self-care: *organization type* ($p<.05$) and *current license status* ($p<.05$). Working for a for profit organization seemed to increase personal self-care scores by 4.0 points rather than being employed by a non-profit. Currently holding a social work license tended to increase personal self-care scores by 5.6 points compared to those who have never held a social work license, controlling for all other variables.

In terms of professional self-care, this model was also statistically significant, $F(3, 106) =5.37, p=.002, R^2=.135, \text{adjusted } R^2=.110$. The findings also showed that only two indicators significantly explained aspects of professional self-care: *organization type* ($p<.05$) and *current license status* ($p<.05$). Working for a for profit organization seemed to increase professional self-care scores by 4.3 points rather than being employed by a non-profit. Having a current social work license seemed to increase professional self-care scores by 5.1 points compared to those who have never held a social work license, controlling for all other variables. See Table 4 for the results of the regression analysis.

Table 4 Multiple Regression Explaining Personal and Professional Self-Care Practices

Model	<i>B</i>	<i>SE</i>	<i>p</i>
Age (Years)	0.090(0.168 ^b)	0.067(0.087)	0.359(0.084)
Organization Type	.187(0.156)	1.575(2.048)	0.057(0.106)
Current License Status ^a	-0.205(-0.226)	1.296(1.686)	0.042*(0.023*)

* $p < 0.05$

** $p < .01$

^aCurrent License Status refers to the two levels: I currently have a social work license. vs. I have never held a social work license.

^bThe statistical information within parentheses relates to the scores on professional self-care practices.

Discussion

The purpose of this exploratory study was to examine the personal and professional self-care practices of field practicum supervisors in one Southeastern state. Given the increased attention to self-care in the broader profession, it is imperative that studies examine this important concept among educational stakeholders, in general, and among field practicum supervisors, specifically. The following paragraphs briefly outline salient discussion points derived from the findings posited above. For clarity, this discussion is structured in a way so as to explicitly answer the previously stated research queries.

First, overall, data suggest that there is room for improvement related to the self-care practices of field practicum supervisors in this study. Mean scores for personal and professional self-care were 62.87 and 83.67, respectively. The mean item response for the entire scale was 2.85, indicating that participants only “Sometimes” engage in self-care practices. The somewhat subjective nature of the term “sometimes” makes it difficult to generalize a definition. However, data from the current study certainly suggest that field practicum supervisors in this sample could be engaging in self-care, both personally and professionally, more often.

Given the documented complexities associated with social work practice, perhaps these findings, while somewhat troubling, are not surprising. For instance, Bloomquist and colleagues (2015) concluded that social workers in their sample engaged in self-care on a “limited basis” (p. 292). Similar findings have been reached about social

workers in child welfare (Miller et al., 2018) and clinicians (Pope, Giger, Lee, & Ely, 2017). Indeed, these findings seem congruent with previous studies.

Second, because of the exploratory nature of this study, the researchers examined group differences among key demographic and professional categorical variables, two of which yielded significant findings. First, findings suggest that individuals who are currently licensed engaged in significantly more professional self-care practices than those who have never held a license. Pragmatically, this finding may be attributable to several factors associated with licensing. For example, individuals with a social work license often have to partake in additional training/continuing education. This type of professional development can be a vital element necessary for self-care (Cox & Steiner, 2013), particularly in the professional domain. The fact that there was no significant difference for personal self-care provides context for this assertion.

In addition to licensing status, data suggest that field practicum supervisors employed at for profit agencies engage in significantly higher personal and professional self-care practices than those employed at non-profit agencies. This finding sheds light on an interesting dynamic related to the intersection of employer type and self-care. This finding certainly needs further investigation.

In the book, *The Happy, Healthy Non-Profit*, Kanter and Sherman (2017) asserted that passion associated with the agency's mission may overshadow the importance of self-care. And, for profit entities may have access to more resources that can be expended to support organizational wellness, in general, and employee self-care, specifically. Findings from this study suggest that non-profits may need to pay more attention to self-care for field practicum supervisors employed in these organizations.

Lastly, as can be surmised from the discussion posited above, *Employer Type* and *Current Licensing Status* significantly explained aspects of personal and professional self-care, respectively. These findings may be associated with the aforementioned reasons that these variables may have an impact of self-care practices for field practicum supervisors.

Limitations

While this study makes a unique contribution to the current literature associated with social work field education, this effort must be understood within the context of several limitations. Data was collected from field supervisors at CSWE-accredited institutions in one Southeastern state. As well, participants were overwhelmingly

female and White. Adding additional participants from other states, or a more diverse sample, may have impacted findings. Though the sample size was appropriate for an exploratory study of this type, a larger sample may have yielded different data for the variables under investigation. To encourage participation, respondents were not asked with which institution they were associated. Lastly, because the research invitation came from university researchers, a social desirability bias may be evident in the data. Given these limitations, and others, broad generalizations related to this study should be considered critically and cautiously.

Implications

Indeed, the field experience is a seminal component of social work education and students' matriculation into the profession. As such, it is imperative that key practice issues, such as self-care, be examined within the context of field. Data from this study offers several implications associated with field practicum supervisors. The following paragraphs outline but a few of these implications.

Veritably, field practicum supervisors serve an integral function of socializing students to professional social work practice. This notion is well-documented in the literature (e.g., Miller, Deck, Conley, & Bode, 2017; Noble & King, 1981; Reisch & Jarman-Rohde, 2000; Urbanowski & Dwyer, 1988). Given this influence, data from the current study may be a cause for concern among field practicum constituents. Because data suggest that practicum supervisors are not engaging in high levels of self-care, it may be that appropriate self-care is not being modeled for students. As well, there may be concern for their ability to effectively provide students adroit supervision as it relates to their field practicum experience.

Minimally, findings from this study suggest that there is room for improvement as it relates to self-care among field practicum supervisors. Indeed, social work educational programs can play a role in helping supervisors more adeptly engage in self-care. For instance, field faculty may provide information about the importance of self-care or provide self-care resources for field practicum supervisors. Annual field practicum orientation may be a good venue for proffering this type of information. As well, schools may look to provide training about engaging in self-care or support field practicum supervisors in establishing self-care accountability groups (see Grise-Owens et al., 2016 for self-care planning activities related to these types of groups). These practices may not only help practicum supervisors engage in better self-care practices, but in turn, may allow students to observe, mimic, and garner strategies for engaging in self-care as they matriculate into the profession.

Additionally, social work programs may encourage field practicum supervisors to include self-care as part of student learning contracts. This will communicate value, importance, and also keep self-care in the forefront of field practicum supervisors' minds.

On a more macro level, organizations that accept field placements should ensure that the supervisors tasked with overseeing these experiences are engaging in adequate self-care. Indubitably, as indicated in the previously mentioned literature, being a social worker can be challenging. And frankly, taking on a student as a field practicum student may compound these challenges. As such, it is imperative that organizations foster the development of sustainable self-care practices for employees, in general, and field practicum supervisors, specifically. This aim may be achieved by offering trainings about self-care, facilitating adroit self-care practice, and/or via the development and implementation of broad-based organizational wellness initiatives (Miller et al., 2016). Data from the current study suggest that these types of efforts may be especially impactful for those employed in non-profit settings.

Research implications abound. For instance, little is known about the impact that supervising students in a field practicum may have on self-care practices of the supervisors themselves. Future research should more explicitly examine this issue. Another area fertile for investigation is the impact that self-care trainings and/or interventions may have on field practicum supervisors. No matter the methodology or query examined, it is pertinent that self-care among practicum supervisors be examined, documented, and disseminated.

Conclusion

This paper examined the self-care practices of field practicum supervisors. As such, this narrative addresses a significant dearth in the social work literature, more broadly, and the field education literature, specifically. In general, this paper contributes to a better understanding of self-care among this group and sets forth pragmatic implications for addressing self-care needs. Given the impact that practicum supervisors have on students, attention to this area is necessary. After all, the wellbeing of the current and future social work workforce depends on it.

References

- Alkharusi, H. (2012). Categorical variables in regression analysis: A comparison of dummy and effect coding. *International Journal of Education, 4*(2), 202–210. doi:10.5296/ije.v4i2.1962
- An, Q., & Chapman, M. V. (2014). The early professional experience of a new social worker in China. *Journal of Social Work Education, 50*(2), 322–333. doi:10.1080/10437797.2014.885266
- Asuero, A. M., Queraltó, J. M., Pujol-Ribera, E., Berenguera, A., Rodriguez-Blanco, T., & Epstein, R. M. (2014). Effectiveness of a mindfulness education program in primary health care professionals: A pragmatic controlled trial. *Journal of Continuing Education in the Health Professions, 34*(1), 4–12. doi:10.1002/chp.21211
- Beck, J. (2015). The internet wants to help you take care of yourself. *The Atlantic*. Retrieved from <https://www.theatlantic.com/health/archive/2015/10/internet-self-care/408580/>
- Bent-Goodley, T. B. (2018). Being intentional about self-care for social workers. *Social Work, 63*(1), 5–6. doi: 10.1093/sw/swx058
- Blomberg, H., Kallio, J., Kroll, C., & Saarinen, A. (2015). Job stress among social workers: Determinants and attitude effects in the Nordic countries. *The British Journal of Social Work, 45*(7), 2089–2105. doi:10.1093/bjsw/bcu038
- Bloomquist, K. R., Wood, L., Friedmeyer-Trainor, K., & Kim, H. W. (2015). Self-care and professional quality of life: Predictive factors among MSW practitioners. *Advances in Social Work, 16*(2), 292–311. doi:10.18060/18760
- Bonifas, R. P., & Napoli, M. (2014). Mindfully increasing quality of life: A promising curriculum for MSW students. *Social Work Education: The International Journal, 33*(4), 469–484. doi: 10.1080/02615479.2013.838215
- Bush, A. D. (2015). *Simple self-care for therapists: Restorative practices to weave through your work day*. New York, NY: W. W. Norton & Company, Inc.
- Calitz, T., Roux, A., & Strydom, H. (2014). Factors that affect social workers' job

satisfaction, stress and burnout. *Social Work/Maatskaplike Werk*, 50(2), 153–169. doi:10.15270/50-2-393

Cleantis, T. (2017). *An invitation to self-care: Why learning to nurture yourself is the key to the life you've always wanted*. Center City, MN: Hazelden Publishing.

Coffey, M., Dugdill, L., & Tattersall, A. (2004). Stress in social services: Mental wellbeing, constraints and job satisfaction. *The British Journal of Social Work*, 34(5), 735–746. doi:10.1093/bjsw/bch088

Cohen, M., & Gagin, R. (2005). Can skill-development training alleviate burnout in hospital social workers? *Social Work in Health Care*, 40(4), 83–97. doi:10.1300/J010v40n04_05

Collings, J. A., & Murray, P. J. (1996). Predictors of stress amongst social workers: An empirical study. *The British Journal of Social Work*, 26(3), 375–387. doi:10.1093/oxfordjournals.bjsw.a011101

Cox, K., & Steiner, S. (2013). *Self-care in social work: A guide for practitioners, supervisors, and administrators*. Washington, DC: NASW Press.

Dombo, E. A., & Gray, C. (2013). Engaging spirituality in addressing vicarious trauma in clinical social workers: A self-care model. *Social Work and Christianity*, 40(1), 89–104.

Dunkley, J., & Whelan, T. A. (2006). Vicarious traumatization in telephone counsellors: Internal and external influences. *British Journal of Guidance & Counselling*, 34(4), 451–469. doi:10.1080/03069880600942574

Greene, D., Mullins, M., Baggett, P., & Cherry, D. (2017). Self-care for helping professionals: Students' perceived stress, coping self-efficacy, and subjective experiences. *Journal of Baccalaureate Social Work*, 22(1), 1–16. doi:10.18084/1084-7219.22.1.1

Grise-Owens, E., Miller, J. J., & Eaves, M. (2016). *The A-to-Z self-care handbook for social workers and other helping professionals*. Harrisburg, PA: The New Social Worker Press.

Grise-Owens, E., Miller, J. J., Escobar-Ratliff, L., & George, N. (2017). Teaching note –

Teaching self-care and wellness as a professional practice skill: A curricular case example. *Journal of Social Work Education*, 54(1), 180–186. doi:10.1080/10437797.2017.1308778

Jack, G., & Donnellan, H. (2010). Recognising the person within the developing professional: Tracking the early careers of newly qualified child care social workers in three local authorities in England. *Social Work Education: The International Journal*, 29(3), 305–318. doi:10.1080/02615470902984663

Jayarathne, S., Croxton, T. A., & Mattison, D. (2004). A national survey of violence in the practice of social work. *Families in Society: The Journal of Contemporary Human Services*, 85(4), 445–453. doi:10.1606/1044-3894.1833

Johnson, S., Cooper, C., Cartwright, S., Donald, I., Taylor, P., & Millet, C. (2005). The experience of work-related stress across occupations. *Journal of Managerial Psychology*, 20(2), 178–187. doi:10.1108/02683940510579803

Jordan, K. (2010). Vicarious trauma: Proposed factors that impact clinicians. *Journal of Family Psychotherapy*, 21(4), 225–237. doi:10.1080/08975353.2010.529003

Kanter, B., & Sherman, A. (2017). *The happy, healthy nonprofit: Strategies for impact without burnout*. Hoboken, NJ: John Wiley & Sons, Inc.

Lee, J. J., Bride, B., & Miller, S. E. (2016, January). *Development and initial validation of the self-care practices scale (SCPS)*. Poster session presented at the meeting of the Society for Social Work and Research, Washington, DC.

Lee, J. J., & Miller, S. E. (2013). A self-care framework for social workers: Building a strong foundation for practice. *Families in Society: The Journal of Contemporary Human Services*, 94(2), 96–103. doi:10.1606/1044-3894.4289

Marc, C., & Osvat, C. (2013). Stress and burnout among social workers. *Revista de Asistentă Socială*, 3, 121–130. Retrieved from http://www.swreview.ro/index.pl/stress_and_burnout_among_social_workers

Miller, J. J., Deck, S., Conley, C., & Bode, M. (2017). Field practicum supervisor perspectives about social work licensing: An exploratory study. *Field Educator*, 7(1). Retrieved from <http://fieldeducator.simmons.edu/article/field-practicum-supervisor-perspectives-about-social-work-licensing-an-exploratory-study/>

- Miller, J. J., Donohue-Dioh, J., Niu, C., & Shalash, N. (2018). Exploring the self-care practices of child welfare workers: A research brief. *Children and Youth Services Review, 84*, 137–142. doi:10.1016/j.childyouth.2017.11.024
- Miller, J. J., Grise-Owens, E., Addison, D., Marshall, M., Trabue, D., & Escobar-Ratliff, L. (2016). Planning an organizational wellness initiative at a multi-state social service agency. *Evaluation and Planning: The International Journal, 56*, 1–10. doi:10.1016/j.evalprogplan.2016.02.001
- Miller, J. J., Lianekhammy, J., Pope, N., Lee, J., & Grise-Owens, E. (2017). Self-care among healthcare social workers: An exploratory study. *Social Work in Health Care, 56*(10), 865–883. doi:10.1080/00981389.2017.1371100
- Moore, S. E., Bledsoe, L. K., Perry, A., & Robinson, M. A. (2011). Social work students and self-care: A model assignment for teaching. *Journal of Social Work Education, 47*(3), 545–553. doi:10.2307/23044470
- Mosek, A., & Ben-Oz, M. (2011). Baccalaureate social work education: A developmental perspective. *Journal of Teaching in Social Work, 31*(1), 89–109. doi:10.1080/08841233.2011.539153
- Nazish, N. (2017). Practicing self-care is important: 10 easy habits to get you started. *Forbes Magazine*. Retrieved from <https://www.forbes.com/sites/payout/2017/09/19/practicing-self-care-is-important-10-easy-habits-to-get-you-started/#5fb54a57283a>
- Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practices in Mental Health: An International Journal, 6*(2), 57–68.
- Newell, J. M., & Nelson-Gardell, D. (2014). A competency-based approach to teaching professional self-care: An ethical consideration for social work educators. *Journal of Social Work Education, 50*(3), 427–439. doi:10.1080/10437797.2014.917928
- Noble, D. N., & King, J. R. (1981). Values: Passing the torch without burning the runner. *Social Casework, 62*(10), 579–584.

- Pope, N., Giger, J., Lee, J., & Ely, G. (2017). Predicting personal self-care in informal caregivers. *Social Work in Health Care, 56*(9), 822–839. doi:10.1080/00981389.2017.1344755
- Pyles, L., & Adam, G. (2016). *Holistic engagement: Transformative social work education in the 21st century*. New York, NY: Oxford University Press.
- Reisch, M., & Jarman-Rohde, L. (2000). The future of social work in the United States: Implications for field education. *Journal of Social Work Education, 36*(2), 201–214. doi:10.1080/10437797.2000.10779002
- Richards, K. C., Campenni, C. E., & Muse-Burke, J. L. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling, 32*(3), 247–264. doi:10.17744/mehc.32.3.0n31v88304423806
- Salloum, A., Kondrat, D. C., Johnco, C., & Olson, K. R. (2015). The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Children and Youth Services Review, 49*, 54–61. doi:10.1016/j.childyouth.2014.12.023
- Sansó, N., Galiana, L., Oliver, A., Pascual, A., Sinclair, S., & Benito, E. (2015). Palliative care professionals' inner life: Exploring the relationships among awareness, self-care, and compassion satisfaction and fatigue, burnout, and coping with death. *Journal of Pain and Symptom Management, 50*(2), 200–207. doi:10.1016/j.jpainsymman.2015.02.013
- Savaya, R. (2014). Social worker burnout in Israel: Contribution of daily stressors identified by social workers. *The British Journal of Social Work, 44*(5), 1268–1283. doi:10.1093/bjsw/bcs193
- Siefert, K., Jayaratne, S., & Chess, W. A. (1991). Job satisfaction, burnout, and turnover in health care social workers. *Health & Social Work, 16*(3), 193–202. doi:10.1093/hsw/16.3.193
- Skinner, J. (2015). *Nursing by heart: Transformational self-care for nurses*. Hampshire, UK: John Hunt Publishing Ltd.

- Smullens, S. (2015). *Burnout and self-care in social work: A guidebook for students and those in mental health and related professions*. Washington, DC: NASW Press.
- Ting, L., Jacobson, J. M., & Sanders, S. (2011). Current levels of perceived stress among mental health social workers who work with suicidal clients. *Social Work, 56*(4), 327–336. doi:10.1093/sw/56.4.327
- Urbanowski, M., & Dwyer, M. (1988). *Learning through field instruction: A guide for teachers and students*. Milwaukee, WI: Family Service America.
- Valentine, L. R. (1970). Self-care through group learning. *American Journal of Nursing, 70*(10), 2140–2142.
- Van den Broeck, J., Cunningham, S. A., Eeckels, R., & Herbst, K. (2005). Data cleaning: Detecting, diagnosing, and editing data abnormalities. *PloS Medicine, 2*(10), 966–970. doi:10.1371/journal.pmed.0020267
- Vyas, L., & Luk, S. (2011). Frazzled care for social workers in Hong Kong: Job stress circumstances and consequences. *International Social Work, 54*(6), 832–851. doi: 10.1177/0020872810382684
- Whitaker, T., Weismiller, T., & Clark, E. J. (2006). *Assuring the sufficiency of a frontline workforce: A national study of licensed social workers – Executive summary*. Washington, DC: National Association of Social Workers.
- World Health Organization. (1983). *Health education in self-care: Possibilities and limitations*. Retrieved from http://apps.who.int/iris/bitstream/10665/70092/1/HED_84.1.pdf
- World Self-Medication Industry. (2010). *The story of self-care and self-medication: 40 years of progress, 1970-2010*. Retrieved from http://www.wsmi.org/wp-content/data/pdf/storyofselfcare_brochure.pdf