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## HUMAN SERVICE PROVIDERS' PERCEPTION OF THE QUALITY OF CLIENT SERVICES PROVIDED AS RELATED TO THEIR LEVEL OF SELF-CARE

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LEVEL OF SELF-CARE

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Luis Hernandez  
Joseph Ray Brinson  
June 2014

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Approved by:

Dr. Herbert Shon, Faculty Supervisor, Social Work  
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## ABSTRACT

This study explored human service providers' perception of the quality of client services provided as related to the providers' level of self-care. We utilized a quantitative research approach to survey 54 human service providers from three Southern California agencies. An independent t-test was conducted to analyze the difference between participants' perceptions of self-care by age, gender, and level of education. This study revealed a significant difference was found between gender and social care. Females are more likely to maintain an open, trusting relationship with someone who they can share their frustrations with, sustain balance in their life by pursuing a variety of interests outside of work, and have a close relationship with someone who serves as a mentor and/or advisor. Also, a significant difference was found between gender and service delivery. When not meeting self-care needs, men felt that their service delivery was affected more so than women. Additionally, when stressed, males had more difficulty relating to clients than females. Due to the limitations of the study such as: sample size, sampling technique, validity and reliability of the questionnaire, these results cannot be generalized. For future research, it is recommended that similar studies are conducted on human service providers' perception of the quality of client services provided as related to their level of self-care utilizing a larger sample size and a standardized instrument. It is also recommended that gender differences are studied within social work regarding self-care and its impact on job retention.

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I, Luis, would like to dedicate this work with all of my love and appreciation to my family and friends. Your encouragement and motivation was truly an inspiration to me in completing this project. A special thanks goes to my caring, loving wife, Lisa. I could not have done this without your tender love and support. Finally, this is dedicated to my two children, Gianna and Isaac. I love you.

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## CHAPTER ONE

### INTRODUCTION

#### Introduction

This research project examined the problem that more and more human service providers are leaving the field due to burn out or not providing the highest quality of service due to a lack of proper coping and self-care skills. The significance of this project for social work is that through proper study and implementation, the use of self-care could increase work performance, help to foster a positive work atmosphere, raise retention rates, create positive morale, increase effective client care, lower turnover rates, and lower training costs within agencies. The purpose of this study was to examine a human service providers' perception of the quality of client services provided as related to their level of self-care.

#### Problem Statement

Most job interviews for workers always involved a question regarding job related stress and burnout (Maslach & Leiter, 2008). Often times it is also followed with how the person copes in stressful situations. The interviewer is looking to see if the interviewee understands the importance of self-care. Barak, Nissly, and Levin (2001) found that the turnover rate of child welfare workers is between 30 and 60 percent. The high turnover rate impacts the quality,

consistency, and stability of service provided to clients in the child welfare system and poses a major challenge for the entire social work field (Barak et al., 2001). According to a study conducted by Anderson (2000), the most important suggestion is that workers should be doing more emotion-focused coping to assist with their own fatigue levels. This is important because emotion-focused coping is based on changing how one responds or perceives stress, as opposed to trying to change the situation the worker has no control over.

### Burnout

The term burnout emerged in research about thirty years ago; therefore it is a fairly recent idea. According to Maslach and Leiter (2008, p. 123), "Burnout is the index of the dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit, and will...It is a malady that spreads gradually and continuously over time, putting people into a downward spiral from which it's hard to recover." Hamama (2012) stated that burnout factors involve loss of motivation, loss of interest in helping others, and high turnover in the workplace. It is important to understand self-care in the child welfare field, because the high turnover rate of 30 to 60% due to burnout affects much more than just quality of service. High turnover causes psychological distress and low morale among the remaining workers, the new workers taking their place and fosters public mistrust of the child welfare system (Kim & Stoner, 2008). It appears that everyone involved, including clients, workers, and agency administrators should be concerned about this issue. The cost of burnout

countrywide is quite expensive. As Brown (2008, p. 8) noted, "job stress is estimated to cost the U.S. economy \$300 billion in sick time, long-term disability, and excessive job turnover. Stressful jobs have been identified as equally harmful to women as smoking and obesity."

### Self-Care

The World Health Organization defined self-care as "activities individuals, families, and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health. These activities were derived from knowledge and skills from the pool of both professional and lay experience. They were undertaken by lay people on their own behalf, either separately or in participative collaboration with professionals" (World Health Organization, 2007).

### The Purpose of This Study

The purpose of this study was to examine a human service providers' perception of the quality of client services provided as related to their level of self-care, which was measured by way of self-report, and the level of self-care among human service providers. The researchers hoped to demonstrate that it was vital for human service providers to be aware of the sources of workplace stress and the preventative tools to be practiced to avoid burnout in the human services profession. The quality of client service was likely to increase when workers were meeting their self-care needs.

## Contribution to the Social Work Profession

A better understanding of the importance of self-care in the human services field would benefit the field of social work by possibly lowering the levels of job-related stress and/or burnout. Child welfare agencies should foster policies that enable workers to receive support from their organization; thus, creating a working environment that foster happier, long term, productive workers that are capable of helping those who are vulnerable and oppressed. This approach reinforces what Richards, Campenni, and Muse-Burke (2010) stated: that those in the helping professions have a responsibility to do no harm, benefit others, and to always do their best. Research has also shown that increased self-care and adequate social support can even decrease burnout over time (Alarcon, Eschelman & Bowling, 2009; Baker, O'Brien & Salahuddin, 2007; Eastwood & Ecklund, 2008; Harrison & Westwood, 2009, Himle & Jayaratne, 1991; Kalimo et al., 2003; Reid et al., 1999 as cited in Paskey, 2012, p. 7). "The idea that coping research is 'in crises because of its failure to yield substantiated findings concerning the role of coping in adaptation that cannot be dismissed as truisms'" (Coyne & Racioppo, 2000, p. 65, as cited in Dewe & Trenberth, 2004, p. 143). This sensitive subject deserves to be discussed and given consideration.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter examined coping, stress, importance of self-care, and the complexities of burnout in the human services field.

#### Coping

Anderson (2000) discussed the importance of emotion-focused coping strategies for stress relief among Child Protection Service (CPS) workers. A cross sectional, self-report questionnaire was given to 151 CPS workers from Kentucky to identify coping strategies used while working for social services agencies. Findings were that 62% of the participants scored higher than the average for emotional exhaustion, which was one of the key factors for burnout. The major finding for this study was that almost all of the workers felt emotional exhaustion and that emotion-focused coping and/or greater use of social support actually prevented burnout rather than problem focused strategies such as trying to solve problems within the agency.

Two of the studies on burnout among child welfare workers stated that social support from a direct supervisor lowered job related stress and burnout among workers and was an effective coping tool (Davis-Sacks, Jayaratine & Chess, 1985; Hamama, 2012). Due to the sample selection, which was a

convenience sample by design and not diverse (most participants were female and Caucasian), these studies should not be generalized.

## Burnout

Davis-Sacks et al., (1985) investigated job satisfaction, burnout, and turnover among child welfare workers by questioning three informational sources: 62 female child welfare workers, their significant others, and the worker's supervisors. The study found by way of survey that social support from supervisors and significant others helped to lower levels of burnout and mental health problems among workers. The researchers were surprised to find out that there was little connection between co-worker support and lower levels of job related stress. The sample for this study was not chosen randomly and all but one of the 62 workers were Caucasian.

Hamama (2012) examined by way of survey the extent to which social workers that work with children feel that they are burned out in the workplace. The sample consisted of 126 Israeli social workers that worked directly with children in several different working environments. The workers were given four questionnaires: demographics, burnout, work conditions, and social support. The study found that older social workers and those that who had more time in the field experienced less burnout. It was also found that direct supervisor support was a factor that lowered burnout among workers because direct supervisors were able to provide practical help and solutions. This finding was directly related

to the early review conducted by Davis-Sacks et al., (1985). This study was conducted using a convenience sample and a snowball sampling method.

Therefore, this sample should also not be generalized.

Sprang, Craig and Clark (2009) compared levels of Secondary Traumatic Stress (STS) and burnout for child welfare workers against other professional groups. They sampled 669 professionals from across the country. Their information was received via professional membership organizations in six states. The results demonstrated that being young and male were two predictors of a high burnout rate. Conversely, being regularly involved in religious services forecasted low rates of burnout. Factors that could help to avoid burnout were experience in the field, good self-care, and using evidence-based practices. This study sampled mostly Caucasian (76.3%) females (67.2%). Therefore, as in previous studies, generalizations cannot be made to the greater population of child welfare workers.

Savicki and Cooley (1982), reviewed research and theory regarding burnout in the people-oriented professions in an explanatory approach. Key findings in this article were suggestions to avoid burnout which included: development of stress reducing techniques, awareness of environmental factors and social support, development of self-evaluation and goal setting skills, training in a detached manner, training in explaining therapeutic success and failure, and clarification of expectations. Others already implemented some of the suggested methods in trainings, which had opened up some for criticism.



Kim, Ji, and Kao (2011) studied the relationship between burnout and physical health. The longitudinal study was conducted every year over a three year period to determine whether or not there was a change in physical health over time due to burn out. Participants were selected randomly from the California Registry for Clinical Social Workers and the survey was administered by mail. The standardized instrument used was called, The Maslach Burnout Inventory and the Human Service Survey. The results of the research conducted demonstrated that burnout was associated with physical complaints. More importantly, a higher level of burnout among workers equated to greater decline of physical health over time. The study was unable to present the participants' initial health status and did not account for additional factors that impact a person's health, such as accidents, life stressors and hereditary factors.

In an exploratory study, Maslach (2003) examined the complexity of burnout through the dimensions of exhaustion, cynicism, and a sense of inefficacy in response to individual stressors due to work. A multidimensional model was developed by asking extensive questions to human service workers. The results suggested that the Maslach Burnout Inventory (MBI) identified the level of burnout in the workplace. Major findings to this article also indicated that "we have attempted to develop an organizational approach to assessing burnout and developing strategies for change" (Leiter & Maslach, 2000, as cited in Maslach, 2003). Criticisms of this study emphasized the difficulties of examining longitudinal studies measuring an individual's burnout level over time.

## Stress

Wong and Chan's (2010) exploratory study was conducted to describe the experiences of stress by male staff in Hong Kong's social welfare sector. A qualitative approach was taken by recruiting the participants through convenience sampling. The forty participants were given essays to answer, which were used for the data collection and content analysis of the study. It was found that communication with colleagues, lack of resources, and service restructuring were the most common sources of stressors for males in the workplace. It was astonishing to find that participants engaged in sensory-based activities as a potential strategy of self-care. A more noteworthy observation found most participants wrote less towards the end of their personal essay than they wrote in the beginning, suggesting a reduction in attention span.

## Self-Care

Sherer et al., (1982) developed The Self-Efficacy Scale to measure the level of generalized self-efficacy expectations within each worker. Key findings in their study found that there was a positive relationship of construct validity, and also a relationship between The Self-efficacy Scale and vocational, educational, and military success establishing criterion validity. Criticism required that more long-term studies be conducted using the same scale.

Moore, Bledsoe, Perry, and Robinson (2011) explored the importance of teaching self-care to MSW students. Twenty-two MSW students were asked to

keep a journal and write at least once every two weeks regarding actions taken to care for self. The researchers broke self-care down into five categories: emotional, physical, psychological, social, and spiritual. The researchers used a qualitative approach and looked for themes and patterns in the information. This study found that including a self-care journal assignment in graduate school appeared to help students. The sample size of this study was small and chosen for convenience. Therefore, generalizations should not be made.

Lee and Miller (2012) employed a self-care framework as a beginning to an effective self-care plan for social workers while working in the field of social work. The purpose of the article was to explore the conceptualization of self-care providing a clear definition and framework of self-care and to also explain how professionals applied the framework for self-care. It supported that more education and training efforts related to self-care would benefit worker productivity. With the utilization of this framework early on in one's career, the more committed the professional would be to exercise self-care throughout their career. Furthermore, the need for a more reliable instrument to measure frequency of self-care was needed to investigate the utility of self-care.

Marshall (2011) argued that the importance of taking charge and strengthening your dedication to quality self-care among healthcare professionals was paramount. In a qualitative study, Marshall interviewed and shared seasoned healthcare practitioners' observations of stresses at their job and their coping strategies. Marshall's interviews concluded with practitioners' high

recommendations of confronting stress and also being mindful of self-care in their work. The most impactful response was that any worker must remember that they had a life outside of being a counselor or psychotherapist. Although, due to the obscurity in questions provided by the author, the participants' responses appeared to be biased as to their interpretation of what self-care means to them.

Grafanaki, et al., (2005) conducted an investigation to determine how leisure played a role in their everyday lives and how it was associated to their overall work performance levels with patients they served. A qualitative study involving semi-structured interviews was used with ten working counselors and psychologists (five men and five women). Key findings in the study identified that leisure plays a significant factor for working professionals to have, aside from working with clients. The major findings in the study also identified themes that validated leisure time as a state of mind in which the worker experienced less demands, less pressure, and less worry. It was characterized by relaxation, calm, and peace to cope with work demands. Due to the age range in the sample selection, experience for the social workers in the sample varied with years of experience, therefore could not be measured the same.

Richards et al. (2010) studied the links of self-care to self-awareness to well-being. Researchers wanted to demonstrate the mediating effects of self-awareness between self-care and well-being. Two information sources for a total of 415 males and females were surveyed via mail: mental health professionals

and psychology graduate students who were providing service. The study found that self-care practices might have direct and indirect effects on well-being. It also found that mindfulness was often the mediating effect between self-care and well-being. Mindfulness was an increased awareness of the present moment and created a calm and contented state (Cox & Steiner, 2013). It appeared that in order to get all of the positive aspects of well-being, one must first achieve mindfulness.

## CHAPTER THREE

### METHODS

#### Introduction

This section includes a thorough description of the methods used in this study. It describes the research design, sampling, instruments, and data collection procedures utilized for this study. It also identifies protection of human subjects and the data analysis plan.

#### Research Design

A quantitative approach was used in this study. This design was utilized to examine the human service providers' gender, age, and educational level and the types of self-care, relating to clients and service delivery. It was expected that there would be a positive correlation between the independent variables: age, gender, and level of education; and the dependent variable: types of self-care (total self-care, fitness care, and social care), relating to clients and service delivery.

The first hypothesis was that there would be no significant relationship between human service providers' gender and types of self-care (total self-care, fitness care, and social care), relating to clients and service delivery. Our second hypothesis was that there would be no significant relationship between human service providers' age and types of self-care (total self-care, fitness care, and

social care), relating to clients and service delivery. The third hypothesis was that there would be no significant relationship between human service providers' level of education and types of self-care (total self-care, fitness care, and social care), relating to clients and service delivery.

The sample selected was chosen to fully examine the independent variables: gender, age, and education level and also the dependent variables: self-care, relating to clients, and service delivery. The variables were selected in this way to explore if there was a linear relationship found between human services providers' self-care habits and their perception of the quality of client service provided.

### Sampling

For this study, a convenience sampling method was selected for its accessibility, location of participants, timing, and financial constraints. Furthermore, it is also important to note that the sample used for this study was not representative of the entire population. The respondents in this study were chosen due to availability. The respondents were also chosen due to job category. There were no random assignments to condition as there was no control group.

The data sources for this study were human service providers employed by Olive Crest Treatment Center, Loma Linda University Behavior Medicine Center (LLUBMC), and Trinity Youth Services, more specifically, Child Care

Workers, Behavioral Health Specialists, Counselors, therapists (Licensed Clinical Social Workers & Licensed Marriage, Family Therapists), Psychologists, and Licensed Registered Nurses. The three agencies were contacted to complete the survey, and all three agreed to participate in the study (see Appendix A). Approximately 100 surveys were sent via email.

### Data Collection and Instruments

For this study, a non-standardized measurement instrument was developed. Therefore, validity and reliability were unknown. Grinnell (2011, p. 213) explains, “the major advantage of a non-standardized instrument is that it is customized, it is totally pertinent and appropriate with the client in view.” The first four questions were comprised of demographic questions regarding gender, age, family size, and educational level (see Appendix B). The following nine questions were placed in sub categories of physical, emotional, and psychological methods of self-care (see Appendix C). In the survey questions five through thirteen, a 5-point Likert-type scale was utilized to assess participants’ perceptions’ of self-care. The respondents were given a set of alternatives to pick from: “Strongly Disagree,” “Disagree,” “Neither Disagree and/or Agree,” “Agree” and “Strongly Agree.” This scale was utilized to get responses of how participants feel about the questions and the extent to which they agree or disagree with the survey question and/or statement. The following questions were asked in the following order: 1)“When stressed, I find it hard to relate to my clients,” 2)“When meeting



less than 50% of your target hours for self-care, do you feel the service to your clients was affected?” 3) “On a scale of 1-5 (1 being low and 5 being high), how effective are you in terms of providing client care when meeting your weekly target for self-care?” 4) “I maintain a program of regular exercise for fitness.” 5) “I know and practice several temporary relaxation techniques such as deep breathing.” 6) “I eat foods that most experts consider healthy.” 7) “I maintain an open, trusting relationship with someone whom I can share my frustrations.” 8) “I maintain balance in my life by pursuing a variety of interests outside of work.” 9) “I have a close relationship with someone who serves as my mentor or advisor.” It was also important to maximize the questionnaire’s overall flow and sequence of question flow, to insure that the respondent react in an unbiased manner. In order to achieve this, the questions other than the demographics were placed in sub categories of total self-care, fitness care, and social care.

The participants were emailed at their personal and/or work e-mails, given to us by the agencies’ administrations mailing list, with an internet hyper-link that identified as Qualtrics. The participants were then directed to the survey icon, where they could click to select their answers to the questions. The survey was estimated to take less than five minutes to complete. Once the participants accessed their e-mail, they were directed by prompts to navigate to a secure web page, where they could complete the survey. This process allowed the participants quick access to increase the likelihood of completion and a higher response rate.

## Procedures

A cross sectional design was implemented and approval was granted by Trinity Youth Services, Loma Linda Behavioral Medicine Center, and Olive Crest Treatment Center. After the proposal, the survey was presented to all three organizations. The above institutions were reassured that further permission would be acquired in the event the information gathered by the survey was used for other than aforementioned academic pursuit.

The participants gave consent and were invited by the researchers to complete the survey via email and the data were collected, calculated, and stored by Qualtrics software. The data was collected from January 6, 2014 until April 3, 2014. The results were analyzed from April 4, 2014 until April 30, 2014 and all incomplete questionnaires were excluded from the data set.

## Protection of Human Subjects

The protection of the confidentiality and anonymity of all participants were protected by utilizing Qualtrics's SSL/TLS connections that protected communications by using both server authentication and data encryption. Additionally, the account passwords insured added protection. This technology ensured that user data in transit was safe, secure, and available only to intended recipients [the researchers] (Qualtrics Website, 2013). The participants were informed regarding consent before beginning the survey (Appendix D). Following the completion of the survey a debriefing statement was supplied (Appendix E).

The results of this study were anonymously presented as aggregated data in a group form and, upon analysis completion, a copy of our data was kept in a secure location for 5 years, after publication, and then destroyed.

### Data Analysis

This study explored the human service providers' gender, age, and educational level and the types of self-care. Our goals were to analyze the categories of gender, age, and education level and to explore their relationship to a positive form of self-care.

Quantitative data analysis techniques were used to identify any correlational associations or relationships between the independent and dependent variables under examination. Specifically, a survey questionnaire was constructed to capture the strength of the relationships and its effect size. Univariate statistics (mean, median, mode, and standard deviation) were conducted. Furthermore, bivariate statistics (Independent Sample T-test) were used to analyze and interpret the data.

### Summary

A quantitative method of research was used in this research. The study utilized a convenience, nonprobability sample of 100 human services workers from three organizations located in Southern California. Data were received from the survey that was sent to human service workers. The data set was stored in

the Qualtrics authentication and data encryption server for confidentiality purposes, and protected by password. Univariate and bivariate statistics were used to analyze the data.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter outlines the results of the survey. First, it discusses the amount of respondents and the criteria used to select the valid questionnaires. Next, this chapter explains the univariate and bivariate statistical analysis used to analyze the data. Finally, Independent samples t-test results are presented.

The fundamental goal drove the collection of the data and the subsequent data analysis. This goal was to develop a base of knowledge about practitioners' perceptions of the quality of services they provided to their clients; the purpose was achieved. The findings presented in this chapter establish the importance of practitioners' practicing self-care when working in human service sector.

#### Presentation of the Findings

We sent out their survey link via email to three Southern California Social Services providers, totaling approximately 100 surveys. 80 surveys were returned. Out of 80 surveys received, 21 were discarded due to the participants not signing the informed consent. An additional five were discarded because they were incomplete. A total of 54 valid surveys were used for data analysis purposes; with 54 returned and useable surveys out of 100, the response rate was approximately 54%.

Univariate statistical analysis was conducted to analyze the most significant characteristics of the sample obtained. Measures of central tendency (mean and standard deviation) were calculated for each variable including gender, age, family size, educational level, service delivery, relating to clients when stressed, self-care, fitness care, and social care. Bivariate statistical analysis was conducted to assess for differences in how practitioners' perceived ability to relate to their clients when stressed was affected by practitioners' gender, age, and educational level. As part of this analysis researchers reversed item number 13, and researchers also recoded items two, three, and four from the survey and then conducted an independent sample t-test.

### Demographics

The sample consisted of 54 respondents, of which 23.6% were males and 74.5% were females. There were 24 participants between the ages of 18 to 30, nine participants between the ages of 31 to 40, nine participants between the ages of 41 to 50, eight participants between the ages of 51 to 60, and four participants between the ages of 61 to 80, as can be seen in Table 2. In terms of education, 5.5 % of the participants were high school graduates, 21.8% had some college, 34.5% had a bachelor's degree, 35.5 % had a master's degree, and 1.8% had a doctoral degree. Twenty two participants had one to two people in their household, 15 participants had two to three people in their household, eight participants had three to four people in their household, seven participants had four to five people in their household, and two participants had five or more

people in their household (a complete description of demographic results can be seen in Tables 1, 2, 3, and 4 in Appendix F).

## Results

As Table 5 in Appendix F shows, 34% of the respondents agreed that when stressed, they found it hard to relate to their clients. Additionally, 41.5% disagreed that when stressed, they found it hard to relate to their clients and 15.1% strongly disagreed that when stressed, they found it hard to relate to their clients. More than nine percent (9.4%) responded that this question did not apply.

More than five percent (5.7%) strongly agreed that when meeting less than 50% of their target hours for self-care, they felt that the service to their clients was affected. About forty percent (39.6%) of the respondents agreed that when meeting less than 50% of their target hours for self-care, they felt that the service to their clients was affected. While 28.3% disagreed that when meeting less than 50% of their target hours for self-care, they felt that the service to their clients was affected and 9.4% strongly disagreed that when meeting less than 50% of their target hours for self-care, they felt that the service to their clients was affected. 17% responded that this question did not apply.

More than fifty seven percent (57.7%) of the respondents reported feeling very effective in terms of providing client care when meeting their weekly target for self-care, while 57.7% reported feeling effective in terms of providing client care when meeting their weekly target of self-care. More than nine percent (9.6%) reported feeling somewhat effective in terms of providing client care when

meeting their weekly target of self-care, 3.8% reported feeling somewhat ineffective, and 1.9% reported feeling very ineffective. More than seven percent (7.7%) reported feeling neither effective nor ineffective.

20% of the respondents stated that they strongly agreed with maintaining a program of regular exercise for fitness and 32.7% stated that they agreed with maintaining a program of regular exercise for fitness. More than twenty nine percent (29.1%) disagreed with maintaining a program of regular exercises for fitness, whereas, 14.5% strongly disagreed with maintaining a program of regular exercise for fitness. One participant responded that this question did not apply.

More than twelve percent (12.7%) strongly agreed with knowing and practicing several temporary relaxation techniques such as deep breathing. Similarly, 47.3% of the participants agreed with knowing and practicing several temporary relaxation techniques such as deep breathing, while 23.6% disagreed with knowing and practicing several temporary relaxation techniques such as deep breathing and 12.7% strongly disagreed. One participant responded that this question did not apply.

More than seven percent (7.4%) strongly agreed that they ate foods that most experts considered healthy, 59.3% of the participants agreed that they ate foods that most experts considered healthy whereas 22.2% disagreed that they ate foods that most experts considered healthy and 11.1% strongly disagreed that they ate foods that most experts considered healthy. One participant did not answer the question.



More than fifty four percent (54.7%) strongly agreed with maintaining an open, trusting relationship with someone whom they could share their frustrations. Furthermore, 39.6% agreed with maintaining an open, trusting relationship with someone whom they could share their frustrations, while 1.8% disagreed and 1.8% strongly disagreed. One participant responded that this question did not apply.

More than twenty seven percent (27.3%) strongly agreed that they maintained a balance in their life by pursuing a variety of interests outside of work. 60% of participants agreed that they maintained a balance in their life by pursuing a variety of interests outside of work, while 10.9% disagreed that they maintained a balance in their life by pursuing a variety of interests outside of work. One participant did not answer this question.

Over twenty one percent (21.8%) strongly agreed that they had a close relationship with someone who served as their mentor and/or advisor. Moreover, 41.8% agreed that they had a close relationship with someone who served as their mentor and/or advisor, while 18.2% disagreed that they had a close relationship with someone who served as their mentor and/or advisor, and 10.9% participants answered that this question did not apply to them. One participant did not answer the question.

An independent sample t-test was conducted to analyze the relationship between the independent variables: gender, age, and educational level, and each factor of the dependent variable, self-care (total self-care, fitness care, and

social care). The household size was recoded into dichotomous variables, zero to three and four and above. The age variable was recoded into a dichotomous variable, 18 to 30 and 31 and older. This was done to improve normality and possibly statistical significance. The education variable was recoded into two groups, graduate degree and no graduate degree. This would reduce the number of groups from five to two and may also improve normality and possible generate statistical differences. The gender variable was not necessary to change due to being dichotomous.

For the purpose of this study researchers defined self-care as "activities individuals, families, and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health (World Health Organization, 2007). The dependent variable for the present study was self-care, more specifically, total self-care, fitness care, and social care. The independent variables were gender, age, and level of education.

The first hypothesis was that there would be no significant relationship between gender and types of self-care (total self-care, fitness care, and social care), service delivery, and relating to clients. An independent samples t-test was conducted to compare mean scores. A significant difference was found between the variables gender and social care:  $t(51) = 2.44, p < .05$  and gender and service delivery:  $t(49) = 2.65, p < .05$ ; therefore, hypothesis one was not supported by the data. To determine if there was a difference between men and women and maintaining a close relationship with someone who serves as a mentor and

advisor an independent t-test was conducted; having a mentor was a factor in social care. It was determined that there was a significant difference between men and women and whether or not they felt they had a close relationship with someone who served as their mentor and/or advisor;  $t(52) = -2.05, p < .05$ .

Women ( $M = 3.76$ ;  $SD = .84$ ) felt they had a close relationship with someone who served as a mentor and/or advisor versus men ( $M = 3.00$ ;  $SD = .66$ ).

Differences between genders were found with the variables relating to clients;  $t(51) = .204, p < .05$ . When stressed men ( $M = 3.15$ ) found it more difficult to relate to clients than women ( $M = 2.45$ ). Additionally, there were statistically significant differences in respondents' perceptions about their service delivery being affected when they did not meet their self-care needs  $t(51) = .18, p < .05$ . When not meeting self-care needs, men ( $M = 3.6$ ) felt their service delivery was affected more so than women ( $M = 2.85$ ), as can be seen in Table 6.

Hypothesis number two predicted no significant differences between participants' age and types of self-care (total self-care, fitness care, and social care), relating to clients and service delivery. An independent sample t-test was completed to compare mean scores. No significant differences were found between the variables; therefore, hypothesis number two was supported by the data.

The third hypothesis was that there would be no significant relationship between participants' level of education, and types of self-care (total self-care, fitness care, and social care), relating to clients, and service delivery. An

independent sample t-test was completed to compare mean scores. No significant differences were found between the variables; therefore, hypothesis number three was supported by the data.

### Summary

Independent t-tests were used to test the hypotheses. A significant relationship between gender and types of self-care was found, therefore, hypothesis number one was not supported by the data. On the other hand, no significant relationship was found between age and types of self-care, or educational level and types of self-care, therefore, hypothesis two and three were supported by the data.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter outlines the discussion the results obtained in this study and its significance for the social work profession and its implications for policy and practice.

#### Discussion

A statistically significant difference was found in the three combined types of self-care by their gender (total self-care, fitness care, and social care). Therefore, hypothesis one, that there is no significant relationship between gender and types of self-care (total self-care, fitness care, and social care), was not supported by the data.

A significant difference was found between genders on the social care measure. Females are more likely to maintain an open, trusting relationship with someone they can share their frustrations, sustain balance in their life by pursuing a variety of interests outside of work, and have a close relationship with someone who serves as a mentor and/or advisor. Sprang et al.(2009) found that being older and female were two predictors for a lower burnout rate. Females were more likely to utilize self-care specifically and social care in terms of interests outside of work, for example, belonging to a religious community.

Furthermore, Wong and Chang (2010) surmised that communication with colleagues, lack of resources, and service restructuring were the most common of resources of stressors for males in the social welfare sector.

There were significant differences between genders in terms of service delivery; when not meeting self-care needs, men felt that their service delivery was affected more so than women. Additionally, according to the data, when stressed, males had more difficulty relating to clients than females. This finding is supported by previous studies such as the one conducted by Eisler, Skidmore, and Ward (1988). Researchers found that stress was gender related. Specifically, males experience more stress than females due to their role as men in society. When men are stressed, their level of stress makes it more difficult to connect with their client's, therefore, affecting quality of service to their clients.

No significant difference was found between human service providers' age and types of self-care. Therefore, hypothesis number two, that there was no significant relationship between human service providers' age and types of self-care (total self-care, fitness care, and social care), was supported by the data.

There was also no statistically significant difference in the types of self-care (total self-care, fitness care, and social care) used by the respondents by their education level. Therefore, hypothesis number three [there is no significant relationship between human service providers' level of education and types of self-care (total self-care, fitness care, and social care)] was supported.

## Limitations

There were several limitations to this study. First of all, researchers could not include all of the surveys in this study because some of the questionnaires were incomplete. More specifically, there were 21 surveys discarded due to the participants not signing the informed consent. An additional five were discarded because they were incomplete.

The sample size was not representative of the entire population because it was obtained through the method of convenience sampling. A convenience sample was used due to accessibility and time restraints. Logistically, locations were chosen due to their accessibility to the researchers. Additionally, there was a disproportionate amount of female respondents, which may have skewed the results of the study.

Another limitation was the instrument utilized for this study. For the purpose of this research, a non-standardized measurement instrument was developed. Therefore, validity and reliability were unknown.

An additional limitation was that respondents did not want to appear to be incompetent about how they managed social-care. Respondents may have answered in a way that made them appear more competent regarding self-care. According to Ray (2006) as cited in Rubio and Webb (2011, p 230), respondents “may try to figure out the experiment and behave in a way that will support or sabotage the experiment.”

## Recommendations for Social Work Practice, Policy and Research

This study is particularly significant to the social work profession because it addresses on the most prevalent and challenging issue affecting human services providers' perception of the quality of client services provided as related to their level of self-care. "The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of people, with particular attention to the needs and empowerment of people..." (Workers, N.A., 2008, Preamble, para. 1). This makes a point that human service providers must be mindful and aware of their own care in order to be able to enhance the well-being of others.

Additionally, this study shows that increasing levels of self-care will decrease possible burnout in social workers, which is connected to low job retention. It appears many professionals in the child welfare field feel that burnout is a major issue. Self-care is the enhancement of a person's well-being and involves purposeful efforts to ensure that the whole person is fit to assist others (Moore et al., 2011). Koroll (2009) stated that those focused on self-care should give themselves permission to say "no," must know their limits, and should use time off to enjoy recreation and play. Self-care could help to minimize burnout thus increasing quality of service and worker retention.

It is important for agencies, both at a micro and macro levels, to identify strategies to reduce burnout in the field of social work. Research has shown that maximizing positive interventions to reduce burnout among workers not only



increases work performance, but also increases a positive work atmosphere, higher retention rates, positive moral, more effective client care, along with lowers turnover rates, training costs within the agency (Koroll, 2009). It is recommended that agencies start implementing gender specific stress reduction trainings and/or in-services. These trainings should also be offered during the induction process to ensure that males within the group are aware that they are at a higher risk of experiencing work related stress. By offering techniques and/or education regarding self-care strategies, agencies will increase human service provider's quality of service.

In terms of future research, it is recommended that a similar study be conducted on human service providers' perception of the quality of client services provided as related to their level of self-care utilizing a larger sample size and a standardized instrument. This would allow for a stronger validity and reliability. This would also increase the statistical significance. A study is also recommended to explore gender differences within social work regarding self-care and its impact on job retention.

### Summary

The purpose of this study was to examine human service providers' perception of the quality of client services provided as related to the providers' level of self-care. This chapter discussed the findings of the study and summarized the significance of this study for the social work profession. It also

discussed limitations to the research due to various factors and recommends further research in the area of self-care and its and implication on practice and policy.

APPENDIX A  
APPROVAL LETTERS



Services Office  
**Foster Care • Residential Services**

2/3/14

To Whom It May Concern:

This is a provisional letter of support from Trinity Youth Services, stating in writing that we will approve of Luis Hernandez and Joseph Brinson conducting their research project-questionnaire within our agency, pending California State University, San Bernardino School of Social Work IRB Subcommittee approval.

Sincerely,

John Neuber  
Chief Executive Officer  
Trinity Youth Services



LOMA LINDA UNIVERSITY  
BEHAVIORAL MEDICINE CENTER

January 17, 2014

To Whom It May Concern:

The Loma Linda University Behavioral Medicine Center's (LLUBMC) research committee reviewed and approved the study entitled, "The Relationship Between the Perceived Quality of Client Service Provided and the Level of Self-Care Among Human Service Providers". Permission is granted for the study to be conducted at LLUBMC.

Upon IRB approval, the PI and student investigator, Luis Hernandez, will be given access to the study population (therapists employed by LLUBMC) in the manner that is outlined in the study protocol. We understand any data handling and procedures will be kept confidential and will be in accordance to what is delineated in the protocol as well Privacy Board and Institutional IRB guidelines.

If you have any specific questions or need more information, please call 909-558-1600, ext. 47993 or email me at: [hshah@llu.edu](mailto:hshah@llu.edu).

Sincerely,

A handwritten signature in black ink that reads "Huma Shah".

Huma Shah, DrPH  
Director of Research  
Loma Linda University Behavioral Medicine Center

A Seventh-day Adventist Institution  
1710 Barton Road | Redlands, California 92373  
[www.lomalindahealth.org](http://www.lomalindahealth.org)



1.800.550.CHILD (2445)  
www.olivecrest.org

12-02-2013

To Whom It May Concern:

This is a provisional letter of support from Olive Crest Treatment Center, stating in writing that we will approve of Luis Hernandez and Joseph Brinson conducting their research project-questionnaire within our agency, pending California State University, San Bernardino School of Social Work IRB Subcommittee approval.

Sincerely,

 Ed.D.  
Antonio Mejico, Program Director

Antonio Mejico, Jr., Ed.D.  
Program Director  
Wraparound



antonio-mejico@olivecrest.org  
t: 951.300.9802 c: 951.500.3442  
f: 951.369.3037

555 Technology Court, Suite 300  
Riverside, CA 92507

www.olivecrest.org | 800.550.CHILD

APPENDIX B  
DEMOGRAPHIC  
QUESTIONS

## DEMOGRAPHICS

1. What is your sex?

- Male
- Female

2. What is age?

- 18-30
- 31-40
- 41-50
- 51-60
- 61-80

3. What is your level of education?

- High school graduate
- Some college
- Bachelors degree
- Masters degree
- Doctoral degree

4. What is the number of people in your household?

- 1-2
- 2-3
- 3-4
- 4-5
- 5 and Up

Created by Luis Hernandez and Joseph Brinson



APPENDIX C  
SELF-CARE QUESTIONNAIRE

## SELF-CARE QUESTIONNAIRE

5. When stressed, I find it hard to relate to my clients.

- Strongly Disagree
- Disagree
- Does Not Apply
- Agree
- Strongly Agree

6. When meeting less than 50% of your target hours for self-care. Do you feel the service to your clients was affected?

- Ineffective
- Somewhat Ineffective
- Neither effective nor Ineffective
- Somewhat effective
- Effective
- Very effective

7. On a scale of 1-5 (1 being low and 5 being high), how effective are you in terms of providing client care when meeting your weekly target for self-care?

- Strongly Disagree
- Disagree
- Does Not Apply
- Agree
- Strongly Agree

8. I maintain a program of regular exercise for fitness.

- Strongly Disagree
- Disagree
- Does Not Apply
- Agree
- Strongly Agree

9. I know and practice several temporary relaxation techniques such as deep breathing.

- Strongly Disagree
- Disagree
- Does Not Apply
- Agree
- Strongly Agree

10. I eat foods that most experts consider healthy.

- Strongly Disagree
- Disagree
- Does Not Apply
- Agree
- Strongly Agree

11. I maintain an open, trusting relationship with someone whom I can share my frustrations.

- Strongly Disagree

- Disagree
- Does Not Apply
- Agree
- Strongly Agree

12. I maintain balance in my life by pursuing a variety of interests outside of work.

- Strongly Disagree
- Disagree
- Does Not Apply
- Agree
- Strongly Agree

13. I have a close relationship with someone who serves as my mentor or advisor.

- Strongly Disagree
- Disagree
- Does Not Apply
- Agree
- Strongly Agree

APPENDIX D  
INFORMED CONSENT

The study you are asked to participate is designed to examine a relationship between the perceived quality of client service and the level of self-care among human service providers. The study is being conducted by Luis Hernandez and Joseph Brinson. School of Social Work, California State University, San Bernardino. The Study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

**Purpose:** To examine a relationship between the perceived quality of client service and the level of self-care among human service providers.

**Description:** Participants will be asked a few questions on self-care practices, well-being, and some demographics.

**Participation:** Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**Confidentiality or Anonymity:** Your responses will remain anonymous and data will be reported in group form only.

**Duration:** It will take 10-20 minutes to complete this survey.

**Risks:** There are no foreseeable risks to the participants.

**Benefits:** There will not be any direct benefits to the participants.

**Contact:** If you have questions about this study, please feel free to contact Dr. Herbert Shon at 909-537-5532.

APPENDIX E  
DEBRIEFING STATEMENT

## Debriefing Statement

This study you have just completed was designed to look at the relationship between self-care and quality of service of human service professionals. In this study two variables were assessed: Self-Care and Quality of Service. These two variables are often discussed in the field of human services. In fact, most job interviews will always involve questions regarding self-care and/or burnout. We are particularly interested in the relationship between these two variables to see if the proper use of self-care could increase work performance, raise retention and increase effective client care.

Thank you for your participation and for not discussing the contents of the decision question with others. If you have any questions about the study, please feel free to contact Luis Hernandez and/or Joseph Brinson or Professor Herb Shon, Ph.D., LCSW at (909) 537-5532. If you would like to obtain a copy of the group results of this study, please contact Professor Herb Shon, Ph.D., LCSW at (909) 537-5532 at the end of Summer Quarter of 2014.



APPENDIX F

TABLES

Table 1

Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	13	23.6	24.1	24.1
Female	41	74.5	75.9	100.0
Total	54	98.2	100.0	
No response	1	1.8		
Total	55	100.0		

Table 2

Age

	Frequenc y	Percent	Valid Percent	Cumulative Percent
18-30	24	43.6	44.4	44.4
31-40	9	16.4	16.7	61.1
41-50	9	16.4	16.7	77.8
51-60	8	14.5	14.8	92.6
61-80	4	7.3	7.4	100.0
No response	1	1.8		
Total	55	100.0	100.0	

Table 3

Education

	Frequency	Percent	Valid Percent	Cumulative Percent
High school graduate	3	5.5	5.6	5.6
Some college	12	21.8	22.2	27.8
Bachelor's degree	19	34.5	35.2	63.0
Master's degree	19	34.5	35.2	98.1
Doctoral Degree	1	1.8	1.9	100.0
No response	1	1.8		
Total	55	100.0	100.0	

Table 4

People in the household

	Frequency	Percent	Valid Percent	Cumulative Percent
1-2	22	40.0	40.7	40.7
2-3	15	27.3	27.8	68.5
3-4	8	14.5	14.8	83.3
4-5	7	12.7	13.0	96.3
5-up	2	3.6	3.7	100.0
No response	1	1.8		
Total	55	100.0	100.0	

Table 5

Self-Care Questionnaire

When stressed, I find it hard to relate to my clients.	
n=53	
Strongly disagree	8
Disagree	22
Does not apply	5
Agree	18
When meeting less than 50% of your target hours for self-care, do you feel the service to your clients was affected?	
n=53	
Strongly disagree	5
Disagree	15
Does not apply	9
Agree	21
Strongly agree	3
How affective are you in terms of providing client care when meeting your weekly target for self care?	
n=52	
Neither effective nor ineffective	5
Effective	30
Very effective	10
I maintain a program of regular exercise for fitness.	
n=54	
Strongly disagree	8
Disagree	16
Does not apply	1
Agree	18

Strongly Agree	11
I know and practice several temporary relaxation techniques such as deep breathing.	
n=54	
Strongly disagree	7
Disagree	13
Does not apply	1
Agree	26
Strongly Agree	7
I eat foods that most expert consider healthy	
n=54	
Strongly disagree	6
Disagree	12
Agree	32
Strongly Agree	4
I maintain an open, trusting relationships with someone whom I can share my frustrations.	
n=53	
Strongly disagree	1
Disagree	1
Neither Agree nor Disagree	1
Agree	21
Strongly Agree	29
I maintain balance in my life by pursuing a variety of interests outside of work.	
n=54	
Disagree	6
Agree	33
Strongly Agree	15
I have close relationships with relationship with someone who serves as my mentor and/or advisor.	

n=54	
Strongly Disagree	3
Disagree	10
Does not apply	6
Agree	23
Strongly Agree	12

Table 6

Independent Sample T-Test

		Levene's Test for Equality of Variances
		F
I maintain a program of regular exercise for fitness.	Equal variances assumed	.858
	Equal variances not assumed	
I know and practice several temporary relaxation techniques such as deep breathing.	Equal variances assumed	.089
	Equal variances not assumed	
I eat foods that most experts consider healthy.	Equal variances assumed	.035
	Equal variances not assumed	
I maintain an open, trusting relationship with someone whom I can share my frustrations.	Equal variances assumed	.110
	Equal variances not assumed	
I maintain balance in my life by pursuing a variety of interests outside of work.	Equal variances assumed	.237
	Equal variances not assumed	
I have a close relationship with someone who	Equal variances assumed	3.792

serves as my mentor and/or advisor.	Equal variances not assumed	
-------------------------------------	-----------------------------	--

		Levene's Test for Equality of Variances
		Sig.
I maintain a program of regular exercise for fitness.	Equal variances assumed	.359
	Equal variances not assumed	
I know and practice several temporary relaxation techniques such as deep breathing.	Equal variances assumed	.766
	Equal variances not assumed	
I eat foods that most experts consider healthy.	Equal variances assumed	.853
	Equal variances not assumed	
I maintain an open, trusting relationship with someone whom I can share my frustrations.	Equal variances assumed	.742
	Equal variances not assumed	
I maintain balance in my life by pursuing a variety of interests outside of work.	Equal variances assumed	.629
	Equal variances not assumed	
I have a close relationship with someone who serves as my mentor and/or advisor.	Equal variances assumed	.057
	Equal variances not assumed	

		t-test for Equality of Means	
		t	df

I maintain a program of regular exercise for fitness.	Equal variances assumed	.457	52
	Equal variances not assumed	.472	21 .3 01
I know and practice several temporary relaxation techniques such as deep breathing.	Equal variances assumed	.299	52
	Equal variances not assumed	.290	19 .3 41
I eat foods that most experts consider healthy.	Equal variances assumed	.296	52
	Equal variances not assumed	.303	20 .9 77
I maintain an open, trusting relationship with someone whom I can share my frustrations.	Equal variances assumed	.142	51
	Equal variances not assumed	.161	25 .8 82
I maintain balance in my life by pursuing a variety of interests outside of work.	Equal variances assumed	1.615	52
	Equal variances not assumed	2.156	37 .8 59
I have a close relationship with someone who serves as my mentor and/or advisor.	Equal variances assumed	-2.054	52
	Equal variances not assumed	-1.774	16 .5 63



		t-test for Equality of Means
		Sig. (2- tailed)
I maintain a program of regular exercise for fitness.	Equal variances assumed	.649
	Equal variances not assumed	.642
I know and practice several temporary relaxation techniques such as deep breathing.	Equal variances assumed	.766
	Equal variances not assumed	.775
I eat foods that most experts consider healthy.	Equal variances assumed	.768
	Equal variances not assumed	.765
I maintain an open, trusting relationship with someone whom I can share my frustrations.	Equal variances assumed	.887
	Equal variances not assumed	.873
I maintain balance in my life by pursuing a variety of interests outside of work.	Equal variances assumed	.112
	Equal variances not assumed	.037
I have a close relationship with someone who serves as my mentor and/or advisor.	Equal variances assumed	.045
	Equal variances not assumed	.094

		t-test for Equality of Means
		Mean

		Difference
I maintain a program of regular exercise for fitness.	Equal variances assumed	.210
	Equal variances not assumed	.210
I know and practice several temporary relaxation techniques such as deep breathing.	Equal variances assumed	.171
	Equal variances not assumed	.171
I eat foods that most experts consider healthy.	Equal variances assumed	.116
	Equal variances not assumed	.116
I maintain an open, trusting relationship with someone whom I can share my frustrations.	Equal variances assumed	.037
	Equal variances not assumed	.037
I maintain balance in my life by pursuing a variety of interests outside of work.	Equal variances assumed	.433
	Equal variances not assumed	.433
I have a close relationship with someone who serves as my mentor and/or advisor.	Equal variances assumed	-
		.7561
		0
	Equal variances not assumed	-
		.7561
		0

		t-test for Equality of Means Std.

		Error Differe nce
I maintain a program of regular exercise for fitness.	Equal variances assumed	.460
	Equal variances not assumed	.445
I know and practice several temporary relaxation techniques such as deep breathing.	Equal variances assumed	.572
	Equal variances not assumed	.588
I eat foods that most experts consider healthy.	Equal variances assumed	.393
	Equal variances not assumed	.384
I maintain an open, trusting relationship with someone whom I can share my frustrations.	Equal variances assumed	.257
	Equal variances not assumed	.227
I maintain balance in my life by pursuing a variety of interests outside of work.	Equal variances assumed	.268
	Equal variances not assumed	.201
I have a close relationship with someone who serves as my mentor and/or advisor.	Equal variances assumed	.3681
	Equal variances not assumed	.4261
		t-test for Equality of Means

		95% Confidence Interval of the Difference
		Lower
I maintain a program of regular exercise for fitness.	Equal variances assumed	- .712
	Equal variances not assumed	- .715
I know and practice several temporary relaxation techniques such as deep breathing.	Equal variances assumed	- .977
	Equal variances not assumed	- 1.059
I eat foods that most experts consider healthy.	Equal variances assumed	- .672
	Equal variances not assumed	- .682
I maintain an open, trusting relationship with someone whom I can share my frustrations.	Equal variances assumed	- .479
	Equal variances not assumed	- .429
I maintain balance in my life by pursuing a variety of interests outside of work.	Equal variances assumed	- .105
	Equal variances not assumed	.026
I have a close relationship with someone who serves as my mentor and/or advisor.	Equal variances assumed	- 1.494 83
	Equal variances not assumed	- 1.657 06

		t-test for Equality of Means
		95% Confidence Interval of the Difference
		Upper
I maintain a program of regular exercise for fitness.	Equal variances assumed	1.132
	Equal variances not assumed	1.135
I know and practice several temporary relaxation techniques such as deep breathing.	Equal variances assumed	1.318
	Equal variances not assumed	1.400
I eat foods that most experts consider healthy.	Equal variances assumed	.904
	Equal variances not assumed	.915
I maintain an open, trusting relationship with someone whom I can share my frustrations.	Equal variances assumed	.552
	Equal variances not assumed	.502
I maintain balance in my life by pursuing a variety of interests outside of work.	Equal variances assumed	.972
	Equal variances not assumed	.840
I have a close relationship with someone who serves as my mentor and/or advisor.	Equal variances assumed	-
		.0173
		7

Equal variances not assumed	.1448
	7

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## RESPONSIBILITIES

Luis Hernandez

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