

# SELF-CARE AMONG HEALTH SOCIAL WORKERS

Marie Mackova<sup>1</sup>

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## Abstract

The aim of the research was to determine the level of self-care measured using the Self-Care Practice Scale among health social workers and to compare it according to age, gender, highest education level, current relationship status, health status, current financial situation and length of practice. The Self-Care Practice Scale was used to measure level of self-care. SCPS is an 18 (e.g., nine items for personal self-care and nine items for professional self-care) item measure designed to measure the frequency that one engages in self-care practices using a 5-point Likert scale. When interpreting the data, the average value is given on a scale of 0–4, where 0 means never and 4 very often. 180 respondents participated in the research. A medium degree of self-care was found both on a personal and professional level. In the future, it is appropriate to pay more attention to this issue not only on the part of social workers, but also on the part of employers and educators.

## Keywords

Social Workers, Self-Care, SCPS

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## I. Introduction

Self-care is characterized as a multidimensional concept that deals with different scientific disciplines, and each of them is important, evaluated and tested from its perspectives. Self-care can also be described as a complex of various, intentionally performed activities in order to maintain physical and mental well-being, which they perform on their own initiative (McCormack, 2003). Self-care is not a new idea. Since the beginning of humankind, people have taken action to ensure personal safety and have developed strategies to address illness and other health challenges (Haug et al. 1989; Saunders 1994). Self-care became part of systematic study in the second half of the 20th century and was defined from the beginning in the context of health care. At this time, attention in the field of self-care research was focused mainly on groups of people with the following diseases (Lovaš et al., 2014). Self-care in medicine is guided mainly by treatment and illness, the emphasis is on transferring part of the responsibility of medical staff to the patient. At present, self-care in the field of health is one of the important domains of this issue, but it also includes other components (El-Osta et al., 2019). Self-care is manifested by focusing on one's own optimal existence, health and healthy development of the individual. It is a goal-oriented activity and is therefore performed with a certain intention (Wilkinson, Whitehead, 2009).

In the literature we can find different definitions of self-care. For example, Godfrey et al. (2011) defines self-care as a set of different activities that are performed intentionally throughout life, in order to promote physical, mental and emotional health, and as disease prevention. Self-care affects all people and covers physical and mental well-being. The World Health Organization defines self-care as "*the ability of individuals, families and communities to promote health, prevent disease, cope with illness and disability with or without the support of a health care provider*" (WHO, 2019). Furthermore, self-care can also be defined as a set of selected activities that help restore balance in professional and personal life. Self-care is not only a complementary activity, but it is also a state of mind that can be achieved through the development of self-awareness, self-regulation and self-efficacy (Butler et al., 2019). Grevile (2015) describes self-care as activities that we intentionally perform to take care of our mental, emotional and physical health. Self-care contributes to a better mood, to reducing anxiety and also to good relationships with others and with oneself. Lee and Miller (2013) distinguish between personal and professional self-care. They define personal self-care as the process of intentionally practicing certain activities that support overall health, personal and well-

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<sup>1</sup> The PRIGO University, Vítězslava Nezvala 801/1, 736 01 Havířov, Czech Republic. E-mail: marie.mackova@prigo.cz.

being. According to the authors, professional self-care includes the deliberate practice of activities to support effective participation in a professional role, within the context of maintaining overall health and personal well-being. Bloomquist et al. (2015) consider the main goals of self-care to protect, cope, reduce stress and the associated negative consequences that can occur in difficult working conditions. The first goal is therefore to reduce the negative consequences. The second goal is to support positive results that lead to maintaining or improving well-being and overall functioning.

Social work and other helping professions are dynamically developing areas of science and practical activities, mainly due to the ever-expanding range of problems that workers encounter on a daily basis through their clients. Part of the work in demanding, dynamically changing conditions of care provision is uncertainty, risk environment, time pressure and serious consequences of decisions. Employees should be constantly prepared for these conditions through various activities, training, seminars or supervision. The area of self-care is a very important part in this context, because consistent self-care can increase work well-being and eliminate the negative consequences associated with the performance of the helping profession (Halachová, 2016). Lovaš (2014) also considers it very important that workers who encounter other people's problems on a daily basis find time for themselves. Williams (2010) find it interesting that professionals who teach their clients how important it is to devote time and space to self-care do not take care of themselves. According to the authors, the main reason is mainly the lack of time to perform activities related to self-care. According to El-Osta et al. (2019), the very reason for self-care is the very nature of the helping profession, because this group of professions uses its personality as a "working tool". Self-care in the helping professions is a necessary condition for the effective performance of work, it helps maintain mental well-being, mental health and especially professional efficiency. Mesárošová (2017) categorizes the consequences of helping clients, which have an impact on the employee, into two basic groups, namely positive and negative. The negative consequences of practicing the helping profession can be burnout syndrome, primary and secondary stress and fatigue from compassion.

The positive consequences of practicing the helping profession may include a sense of satisfaction from helping, a sense of meaningfulness from one's performance, job satisfaction, personal and professional growth (Gotfrey, 2011). Murphy and Dillon (2002) point out the stressful environment to which social workers are exposed on a daily basis, so according to the authors, the orientation of workers to their behavior, experience and inner well-being within the context of their work is important. Self-care is essential for social work as a profession, because it is an essential element of personality formation and is essential in solving the problems of their clients on a daily basis. It is a tool for prevention, forms a basic pillar while maintaining integrity and is important for maintaining the ethics and professionalism of a social worker. It also helps social workers maintain a positive approach to social work as a profession (Halachová, 2015).

## **II. Aim of the research**

The aim of the research was to determine the level of self-care measured using the Self-Care Practice Scale in social workers. Furthermore, the aim of the research was to determine whether selected sociodemographic factors (age, gender, highest education level, current relationship status, health status, current financial situation and length of practice) correlate with the level of self-care.

## **III. Methodology**

The Self-Care Practice Scale (SCPS; Lee, Bride, Miller, 2016) was used to measure level of self-care. SCPS is an 18 (e.g., nine items for personal self-care and nine items for professional self-care) item measure designed to measure the frequency that one engages in self-care practices. For the purpose of this study, professional self-care was defined as “*the process of purposeful engagement in practices that promote effective and appropriate use of the self in the professional role within the context of sustaining holistic health and well-being*” (Lee, Miller, 2013, p. 98). Examples of professional self-care items include: I seek out professional development opportunities and I take vacations. Personal self-care was defined as “*a process of purposeful engagement in practices that promote holistic health*

*and well-being of the self*” (Lee, Miller, 2013, p. 98). Examples of personal self-care items include: I get adequate sleep for my body and I spend quality time with people I care about. Items for the SCPS are assessed via a five-point Likert scale ranging from 0 (never) to 4 (very often). The measure produces three scores: a personal self-care score (0-36) a professional self-care score (0-36), and a total score comprised of the sum of personal and professional self-care scores (0-72). For all three, higher scores indicate more frequency in self-care practices. In addition to the SCPS, the instrument did contain some of items designed to capture data necessary to describing the sample (e.g., age, gender, academic degree etc.). Inclusion of these items were based on previous works related to self-care. The questionnaire was distributed electronically to all hospitals and medical facilities in the Czech Republic. The condition for participation in the research was at least one year of experience as a health and social worker, qualification of a health and social worker and consent to the research. A total of 280 questionnaires were sent out, 192 questionnaires were filled in and finally 180 questionnaires were subjected to exploratory and statistical analysis. The program Statistica 13 was used for the analysis. Data were verified at a significance level of 0.05.

#### **IV. File description**

A total 180 health social workers participated in the research. Descriptive statistics for participants are presented in Table 1. Respondents were primarily female (98,9 %), the average age of the respondents was 42.12 years, the variation range 26-64 years, the standard deviation (SD) 7.85. The average length of their practice as a health and social worker was 16.92 years, variation range 1-42 years, standard deviation (SD) 7.16. Most respondents were married (46,7 %). The education was dominated by a bachelor's degree (51,0 %) and a higher vocational school (40,0 %). Health status good (54,4 %) and current financial situation was most often described as *„I have just enough money to make ends meet“* (43,9 %).

**Table 1 Demographic characteristics of participants (n=180)**

	n	%
<b>Gender</b>		
Male	2	1,1
Female	178	98,9
<b>Current relationship status</b>		
Never married	33	18,3
Married	84	46,7
Divorced	36	20,0
Widowed	12	6,7
Partnered	15	8,3
<b>Highest Education Level</b>		
Higher vocational school	72	40,0
Bachelor's degree	92	51,1
Master's degree	16	8,9
<b>Health Status</b>		
Excellent	9	5,0
Very Good	64	35,6
Good	98	54,4
Fair	6	3,3
Poor	3	1,7
<b>Current financial situation</b>		
I cannot make ends meet.	42	23,3
I have just enough money to make ends meet.	79	43,9
I have enough money, with a little left over.	57	31,7
I always have money left over.	2	1,1

## V. Results

The results of individual items (personal care) are shown in Table 2.

**Table 2 Personal self care on a scale of 0 – 4 in individual items (%)**

	Never (0)	Rarely (1)	Sometimes (2)	Often (3)	Very often (4)
I engage in physical activities	5,0	13,3	35,0	31,7	15,0
I laugh	0,0	0,7	29,0	30,3	40,0
I engage in spiritual practices	23,3	33,3	26,8	13,3	3,3
I get adequate sleep for my body	0,0	8,3	26,7	35,0	30,0
I spend quality time with people I care about	0,0	1,6	16,8	31,6	50,0
I participate in activities that I enjoy	0,0	1,6	23,5	33,3	41,6
I accept help from others	0,0	20,0	46,6	18,4	15,0
I engage in physical intimacy	3,3	10,0	40,1	23,3	23,3
I take action to meet my emotional needs	3,3	3,3	40,1	23,3	30,0

The results of individual items (professional care) are shown in Table 3.

**Table 3 Professional self care on a scale of 0 – 4 in individual items (%)**

	Never (0)	Rarely (1)	Sometimes (2)	Often (3)	Very often (4)
I take small breaks throughout the workday	5,0	20,0	28,3	28,3	18,4
I seek out professional development opportunities	5,0	15,0	36,6	21,7	21,7
I take vacations	0,0	13,8	22,7	30,0	33,5
I acknowledge my successes at work	3,3	15,0	35,1	23,3	23,3
I problem solve when I have challenges at work	0,0	3,3	20,1	43,3	33,3
I reserve work tasks for designated work hours	5,0	6,7	30,0	26,6	31,7
I attend to feelings of being overwhelmed with my work	6,7	15,0	40,0	30,0	8,3
I seek out colleagues I find supportive	3,3	10,0	38,3	30,0	18,4
I am able to say “no” when appropriate	3,3	15,0	31,7	30,0	20,0

Mean self-care scores are summarized in Table 4

**Table 4 Mean self-care scores (n = 180)**

Descriptives	Mean	Std. Dev	Median
Personal scale score (0–36)	23,8	8,52	24,0
Professional self-care score (0–36)	23,2	9,41	23,0
Total self-care score (0–72)	46,8	17,93	47,0

One-way analyzes of variances (ANOVAs) were initiated to examine group differences. In terms of the demographic characteristics, no significant differences in personal or professional self-care scores were detected by participant groups.

This result can be compared, for example, with the research of Miller, Lianekhamma and Grise-Owens (2018). Their sample of respondents consisted of 1,011 social workers from various fields of social work in the United States. The average score for this sample of respondents in the first part was 24.2 and the standard deviation was 5.32. The same scale was used in the research conducted among Polish social workers (n = 250). The mean score for this sample of respondents was 23.3 and the standard deviation was 4.32 (Miller et al., 2019).

## VI. Conclusion

Firstly, care for mental and spiritual health and cultivation of self-reflection (developing the ability to prioritize life, relaxation and meditation techniques, active use of psychotherapy to reflect on one's professional life and others), secondly maintaining good social relationships and background (especially cultivating family and family relations), thirdly time-management (this includes the ability to structure time, especially work-life balance), fourthly professional development (further training in their profession and support from the employer in attending various conferences and professional meetings), fifthly care for physical health (quality nutrition, sufficient exercise and enough sleep, preventive health examinations, etc.) and for the sixth cultivation of the working environment (positive cooperation and good relations in the workplace).

## References

- Bloomquist, K. R., Wood, L., Friedmeyer-Trainor, K., Kim, H. (2015). Self-care and Professional Quality of Life: Predictive Factors among MSW Practitioners. *Advances in Social Work*, 16(2), 292-311.
- Butler, L. D., Kelly, M. A., McClain- Meeder, K., Horne, M. D., Dudley, M. (2019). Six Domains of Self-Care: Attending to the Whole Person. *Journal of Human Behavior in the Social Environment*. 29(1), 107-124.

- El-Osta A. et al. (2019). The Self-Care Matrix: a Unifying Framework for Self-Care. *International Journal of Self Help and Self Care*, 10(3), 38-56.
- Gotfrey, Ch. et al. (2011). Care of Self – Care by Other – Care of Other: the Meaning of Self-Care from Research, Practice, Policy and Industry Perspectives. *International Journal of Evidence-Based Healthcare*, 9(1), 3-24.
- Grevile, L. (2015). Self-Care Solutions: Facing the Challenge of Asking for Help. *Social Work Today*, 15(3), 14-15.
- Haug M. R., Wykle, M. L., Namazi, K. H. (1989). Self-Care Among Older Adults. *Social Science and Medicine* 29(2), 171-83.
- Halachová, M. (2016). Self-care v sociálnej práci..*GRANT Journal*, 5(2), 13-15.
- Lee, 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 Social Services*. 94(2), 96-103.
- Lee, J. Bride, B. E., S. E. Miller (2016). Development and Initial Validation of the Self-Care Practices Scale (SCPS). Presented (poster) *Society for Social Work Research 19th annual conference. Washington: D.C.*
- Lovaš, L. et al. (2014). *Psychologické kontexty starostlivosti o seba*. Košice: Univerzita Pavla Jozefa Šafárika.
- McCormack D. (2003). An Examination of the Self-Care Concept Uncovers a New Direction for Healthcare Reform. *Nursing Leadership*, 16(4), 48-65.
- Mesárošová, M. et al. (2017). *Starostlivosť o seba a dôsledky vykonávania pomáhajúcich profesií*. Košice: Univerzita Pavla Jozefa Šafárika.
- Miller, J., Lianekhammy, J. and Grise-Owens, E. (2018). Examining Self-Care Among Individuals Employed in Social Work Capacities: Implications for the Profession. *Advances in Social Work*, 18(4), 1250-1266.
- Miller, J., Poklembova, Z., Podkowinska, M., Grise-Owens, E., Balogová, B. and Pachner, T. M. (2019): Exploring the self-care practices of socialworkers in Poland. *European Journal of Social Work* 24(1), 84-93.
- Murphy, B. C., Dillon, C. (2002). *Interviewing in Action: Relationship, Process, and Change*. Boston: Brooks Cole.
- Saunders J.M. (1994). Self-Caring in a Family Unit of an HIV-Positive Individual. *Clinical Nursing Research*, 3(4), 334-43.
- WHO (2019). *WHO Consolidated Guideline on Self-Care Interventions for Health: Sexual and Reproductive Health and Rights*. Geneva: Department of Reproductive Health and ResearchWorld Health Organization.
- Wilkinson A. and Whitehead, L. (2009). Evolution of the Concept of Self-Care and Implications for Nurses: a Literature Review. *International Journal of Nursing Studies*, 46(8), 1143–1147.
- Williams, I. D. (2010). Perspectives on Self-Care. *Journal of Creativity in Mental Health*, 5(3), 320-338.