

Understanding Work-Related Stress and Practice of Professional Self-Care – An Innovative Pedagogical Approach

Kenny Kwong¹, PhD, MSW

¹ Associate Professor, Chair, Social Work Research Sequence, Director, Asian American Social Work Initiative, Touro College Graduate School of Social Work, 27 West 23rd Street, 5th Floor, Room 550, New York, NY 10010, USA

Correspondence: Kenny Kwong, PhD, MSW, Associate Professor, Chair, Social Work Research Sequence, Director, Asian American Social Work Initiative, Touro College Graduate School of Social Work, 27 West 23rd Street, 5th Floor, Room 550, New York, NY 10010, USA. E-mail: kam.kwong@touro.edu

Received: August 16, 2016

Accepted: September 9, 2016

Online Published: September 13, 2016

doi:10.5430/ijhe.v5n4p41

URL: <http://dx.doi.org/10.5430/ijhe.v5n4p41>

Abstract

Social workers experience tremendous work-related stress - particularly among those providing direct services in healthcare settings. A review of related literature summarized several critical challenges faced by social workers who work with highly difficult clients in these settings, including (a) clients who engage in manipulative high-risk behaviors; (b) clients with serious illness who have multiple relapses; (c) clients who attempt or commit suicide; and (d) those who perpetrate violent or aggressive acts against themselves or others. This paper described and evaluated three sets of experiential learning activities with graduate level social work students, designed to increase their self-awareness and understanding of work-related stress, establish professional boundaries with difficult clients, and practice professional self-care. Major themes covered in these activities include: (a) increasing self-awareness and therapeutic competence; (b) becoming emotionally present and accepting limits; and (c) assessing traumatic stress and self-care. Selected journals from 26 students who took a clinical social work practice in health care elective course and the instructor's blogs were content analyzed. An evaluation survey was administered with 43 students to gather their overall feedback about the course activities. Results indicated that students felt that course activities increased the amount and quality of interaction they had with other students and the instructor. Many students showed an increase of self-awareness and their own abilities in managing work-related stress. Overall, the findings support the use of experiential learning activities and self-reflective journals, as an innovative pedagogical approach, to enhance students' self-awareness and abilities to manage work-related stress.

Keywords: Work stress, Self-care, Social work, Journaling, Experiential learning, Pedagogy

1. Introduction

Social workers providing direct services in health or mental-health settings often face obstacles that may cause them to feel overwhelmed and stressed. Given the profession's client-centered nature, it is not surprising that social workers experience tremendous work-related stress. The practice of social work offers unique challenges that are both rewarding and potentially overwhelming and emotionally taxing for workers. Because of their commitment to serving disadvantaged and vulnerable populations, social workers are often called on to work with victims of childhood abuse, domestic violence, crime, trauma, and serious mental illness (Bride, 2007; Dombo & Gray, 2013; Manning-Jones, de Terte, & Stephens, 2016). Social workers providing direct services, particularly behavioral health, substance abuse, and disaster interventions, may experience higher levels of stress as a result of their emotionally taxing practice settings (Fahy, 2007; Naturale, 2007; Ting, Saunders, Jacobson, & Power, 2006).

A review of related literature summarized several critical challenges faced by social workers who work with highly difficult clients, including (a) clients with severe psychopathology or those who engage in manipulative high-risk behaviors; (b) clients with serious problems and who do not improve; (c) clients who attempt or commit suicide; and (d) those who perpetrate violent or aggressive acts against themselves or others, potentially putting social workers at risk of malpractice lawsuits and legal liabilities (Bongar & Stolberg, 2009; Manning-Jones et al., 2016; Ting et al., 2006). Facing all these challenges and less-than-optimal work conditions, they are often "pushed to the limit" when trying to complete their work. Such work-related stress can result in increased risk for work-place injury, decreased

concentration, impaired cognitive functioning, relationship difficulties, poor self-esteem/self-confidence, health-related problems, and poor mental health (Arrington, 2008; Cox & Steiner, 2013).

Social workers need to develop self-awareness to help identify sources of work-related stress, establish professional boundaries with difficult clients, and create therapeutic alliances with clients without sacrificing their own emotional well-being. They also need to be aware of the possible effect of their own physical and mental health on their ability to help their clients. This article presented and evaluated three sets of class activities and journaling assignment, as part of a clinical health social work course, designed to increase social work students' understanding of stress-related experiences and secondary trauma and to enhance their clinical effectiveness. Selected journals and instructor's blogs were content analyzed to assess any signs of progress that might show that the students have shown an increase of self-awareness and their own abilities to manage work-related stress.

2. Literature Review

In the past two decades, useful concepts have been developed to help understand stress-related experiences and outcomes. These concepts include compassion fatigue, secondary traumatic stress (STS), vicarious traumatization and burnout (Figley, 2002; Newell & MacNeil, 2010; Pryce, Stackelford, & Pryce, 2007; Smullens, 2012).

2.1 Compassion Fatigue and Secondary Traumatic Stress

Compassion satisfaction, a construct capturing the pleasure and satisfaction social workers derive from helping others (Professional Quality of Life, 2016), has been shown to be a protective factor in helping to cope with the inherent stresses in counseling others (Stamm, 2002). Compassion fatigue, on the other hand, is associated with a sense of helplessness and confusion, and a higher level of social isolation (Figley, 2002). It is defined as "a state of tension and preoccupation with the traumatized patients by re-experiencing traumatic events, avoidance/numbing of reminders; persistent arousal (e.g., anxiety) associated with the patient" (Figley, 2002, p.1435). It may cause insomnia, fatigue, headaches, heart palpitations or other physiological symptoms, psychological problems, and unhealthy lifestyles.

Compassion fatigue, as measured by secondary trauma and job burnout, was related to psychological distress among social workers (Adams, Boscarino, and Figley, 2006). In managing and treating compassion fatigue, it is important for social workers to understand their increasing risk of exposure to traumatic stress, and employ strategies to counteract the negative effects of such exposure. Limiting stress, dealing with traumatic memories and being more skillful in managing caseloads are effective ways of lowering compassion fatigue (Figley, 2002). Boosting self-efficacy and accessing social support is also vital to enhance the resilience and ability to manage stress and its symptoms and regain a sense of competence and mastery over their situations (Figley, 2002; Shoji, et al., 2014).

Social workers cannot avoid their own compassion and empathy. Clients experiencing empathy through treatment have improved outcomes (Gerdes & Segal, 2011). Social workers are charged to provide ethical and effective treatment of clients and management of the situations faced by clients and themselves. Social workers are vulnerable to the negative effects of showing too much empathy when they notice the pain of clients; thus, distress cannot be avoided (Barnett, Baker, Elman, & Schoener, 2007).

Badger, Royse, and Craig (2008) found that emotional separation, or the notion of "differentiation from the patient," may increase vulnerability of professionals to suffer from STS. This finding is consistent with those of Corcoran (1989), who found emotional separation, rather than empathy, to be significantly associated with burnout. STS is viewed as an occupational hazard of providing direct services to traumatized populations (Figley, 1999). The study conducted by Bride (2007) found that social workers engaged in direct practice are highly likely to be secondarily exposed to traumatic events through their work with traumatized populations and may experience some symptoms of STS, with a significant number also meeting the diagnostic criteria for post-traumatic stress disorder. To cope with traumatic stress, social workers, especially those with psychological or physiological problems, need to learn how to separate from the work emotionally and physically (Badger et al., 2008) and objectively evaluate clients and administer appropriate treatments according to best practice guidelines.

2.2 Vicarious Traumatization and Burnout

While those in the helping professions are reported to achieve feelings of satisfaction derived from empathic engagement, they are at risk for adverse consequences due to the emotional nature of the work (Finklestein, Stein, Greene, Bronstein, & Solomon, 2015; Stamm, 2002; Ting et al., 2006). This very enthusiasm and idealism of the social worker that encourages altruistic values, and distress experienced over time, can result in personal overextension and exhaustion, resulting in burnout (Dombo & Gray, 2013; Schaufeli, Leiter, & Maslach, 2009). Studies found that clinical work with victims of violence and other traumatic events may lead to vicarious

traumatization, or secondary victimization, of the therapist (Figley, 1999; Newell & MacNeil, 2010; Weitkamp, Daniels, & Klasen, 2014). “Vicarious traumatization” refers to “an altered worldview that may occur for social workers who empathetically engage with the trauma of their clients” (Cox & Steiner, 2013, p.12). Because of the deleterious effect of distress, left untreated over time, social workers may experience emotional distress similar to the client’s, thus placing the worker at risk for impaired professional competence (Barnett et al., 2007).

Baker described burnout as “the terminal phase of therapist distress” (Baker, 2003). It is characterized by feelings of depersonalization, emotional exhaustion, a lack of feelings of satisfaction and accomplishment, decreased personal efficacy, and feeling hopeless. These feelings may be due to excessive workloads, unsupportive work environments and prolonged work with emotionally challenging clients. In addition, many social workers enter the profession in response to their own painful life experiences. Considering the levels of stress and burnout that social workers experience, it is important to provide more training for social workers to learn how to manage stress as well as promote their own psychological wellness and self-care (Dziegielewski, Turnage, & Roest-Marti, 2004).

3. Methods

3.1 Description of Experiential Learning Activities

The following three sets of activities and journaling assignments are built in a clinical social work practice in healthcare elective course offered for graduate level advanced year social work students. The course addresses the relationship between physical health, mental health, social environments, and psychological functioning. It examines a number of professional issues facing healthcare social workers, including role and boundary definition, the navigation of ethical dilemmas, and professional self-care. About 20-25 students are enrolled in this course. These activities are implemented over the course of three or more class sessions.

3.1.1 Activity 1: Increasing Self-Awareness and Therapeutic Competence

The purpose of this activity is to explore social work practice in acute care and emergency care settings and how it impacts clinicians personally and professionally. Social workers perform many roles and functions in these settings, including conducting brief assessments, providing crisis intervention, and rendering assistance in managing intense emotions expressed by patients and families when facing acute mental or medical illnesses. Clinical social workers are trained to be effective helping professionals and attend to others’ emotional difficulties and psychological needs. However, they may have a professional blind spot and at times overlook or ignore their own emotional needs and reactions (O’Connor, 2001). Activities aimed to promote self-awareness and understanding of traumatic stress and compassion fatigue are important steps in developing competent social workers in these settings.

The instructor begins the activity with a brief overview of this topic. Students are then guided to reflect about their practice with the difficult populations they may interact with (such as those who are potentially violent, manipulative, and emotionally traumatized) in hospitals and emergency care facilities. The instructor then invites students to share with the class their emotional reactions to these situations and what strategies they use to cope with emotional stress. Students may express a range of physiological responses, such as insomnia, fatigue, headaches, and other physiological symptoms. Others may indicate that they feel depressed or anxious. Some may admit adopting negative habits, such as overeating or participating in other forms of addictive or unhealthy behaviors.

Self-awareness underpins all competent clinical practice and includes attention to personal risk factors and warning signs (Barnett et al., 2007). The next step of this activity is designed to help students develop awareness of their reactions under the intense emotionally stressful situations that they encounter when working with difficult client populations. The instructor will divide the class into groups of 4–5 students and ask them to discuss several specific questions: What emotional states, problems, crises, or concerns of patients have you encountered? Did these emotional crises trigger reactions in you? What characteristics or emotional styles do you believe you need to possess to become a competent, helping professional in such work environments and why?

Following the small-group discussions, each group will report back to the class and share any insights or learning they have gained in the small group discussion. Further discussion of related topics may include their personal risk factors, such as working with particular types of clients, the presence of increased challenges or stresses in their personal lives, and health or mental-health difficulties. This activity helps students recognize the importance of seeking guidance and supervision, establishing proper boundaries with clients, and building a network of social support to enhance their resilience and ability to manage stress and to maintain a sense of competence and mastery in challenging situations. It is important for social workers to learn how to differentiate from patients and maintain the balance of emotional distance and empathy (Badger et al., 2008). This may help with the delivery of effective and quality interventions and provide emotional protection for social workers.

3.1.2 Activity 2: Becoming Emotionally Present and Accepting Limits

This activity focuses on social work practice in long-term care facilities, such as nursing homes or hospice care settings. Students are guided to explore their specific roles and functions working with patient populations facing life-limiting health conditions, terminal illness, or issues associated with death and dying. Social work roles in these settings include addressing the psychological and emotional issues of patients and families dealing with death and dying issues; assessing bereavement risk; assessing caregivers' stress, burden, and ability to care for patients; enhancing patients' quality of life despite pain and suffering; and linking families with needed resources.

After providing an overview of this topic and addressing any questions that students may have, the instructor will give students a handout to review and ask them to discuss a case that involves a range of end-of-life care issues (Colon, 2012). Students will then spend a few minutes on their own to gather their thoughts about how they will resolve the end-of-life issues associated with the specific case. Students are then divided into small groups (4–5 in each group) and instructed to discuss the following questions:

1. What personal, emotional, physical, or spiritual needs have you identified when working with this client? What are the emotional demands facing you when working with the client?
2. What strategies will you employ to be a physical and emotional witness (present) to this patient's suffering during the end-of-life stage?
3. Are there any limits to the help you can provide to this patient and his or her family members who are trying to cope with the end of life? Will you be able to assist in rendering it a meaningful and important experience for them?

After small-group discussions, the instructor then highlights several key concepts that will allow the students to conceptualize their emotional experiences. These concepts include compassion fatigue, disengagement, and emotional separation. The instructor will emphasize that the ability to empathize with clients is critical in clinical practice, even though compassion fatigue and stress may result. Without empathy, there will be little empathic response to the suffering of the clients and therefore, no compassion stress nor fatigue experienced by the therapist (Figley, 2002). Social Workers' ability to disengage from the client requires a deliberate and conscious effort to recognize that they must "let go" of the feelings, thoughts, and trauma associated with encounters with their clients (Figley, 2002). Such disengagement is crucial to the life of social workers regarding the importance of self-care and the ability to practice a deliberate program of self-care.

3.1.3 Activity 3: Assessing Traumatic Stress and Self-Care

The capacity to establish such boundaries with clients while remaining empathetically engaged is an important tool for self-care. Before beginning this activity, the instructor provides a list of readings on work-related stress and the practice of professional self-care for students to review. Self-care can be defined as "the actions one takes to lessen the amount of stress, anxiety, or emotional reaction experienced when working with clients" (Williams, Richardson, Moore, Gambrel, & Keeling, 2010, p. 322). During this activity, the instructor will give a brief presentation highlighting several major themes on professional self-care. Many social workers recognize the importance of attending to the family/caregiver's attitudes, actions, emotions, and spiritual stances; however, they tend not to engage in healthy attitudes and practices themselves, whether physical, psychological, relational, or professional (Canning, 2011). Clinicians functioning in the role of helper are often far more concerned with their client's well-being than with their own. Professional self-care is a critical component in compassionate, ethical, and competent practice, requiring energy, time, and commitment.

Following the presentation, the instructor asks students to self-administer the Secondary Traumatic Stress Scale (Bride, Robinson, Yegidis, & Figley, 2004). This instrument is used for the prevention and amelioration of secondary traumatic stress among clinicians. It is a reliable and valid instrument specifically designed to assess the negative effects of social work practice with traumatized populations. The scale contains a list of 17 statements made by clinicians who have been impacted by their work with traumatized clients. Students read each statement and indicate how frequently the statement was true for them in the past seven days. After completing the assessment, the instructor invites students to share with the class their specific experiences they have had working with traumatized or difficult clients and the coping measures they have used. After class discussion, the instructor then introduces the Self-Care Assessment Questionnaire (Baker, 2003), which is designed to help students examine the ways in which they practice self-care and whether there are imbalances across different domains of their well-being. The assessment helps provide students with ideas and suggestions for preventing stress, burnout, and compassion fatigue, and also for maintaining and enhancing their well-being. After students have completed the questionnaire, the instructor

divides the students into small groups and asks them to discuss several questions, extracted from the Self-Care Assessment Questionnaire:

1. How does your work as a clinician impact your emotional style and personal vulnerabilities?
2. How does your emotional make-up and personal limits affect your clinical work?
3. What do you do to take care of yourself as a clinician?

The instructor then presents several ways to practice self-care. Promoting the practice of professional self-care in clinical practice explicitly acknowledges the challenging and often overwhelming nature of such work. Actively preparing students to effectively face emotionally challenging client situations will help them maintain their commitment to provide competent services to clients, especially traumatized populations across diverse practice environments. Professional self-care emphasizes primary prevention of these unwanted conditions and suggests that skills and strategies should be part of one's overall professional self-care plan. An ongoing focus on self-care is essential for effectively managing occupational and personal stressors and for maintaining optimal wellness for professionals.

3.2 Student Journaling Assignments and Instructor's Blogs

The journaling assignments are meant to provide a platform for students to process their thoughts, emotions, and struggles privately with the instructor and receive guidance as they evaluate their practice experience. During this course, students are required to submit a journal entry (in about a page with several paragraphs) each month. They are asked to share their understanding of the concepts based on the assigned readings, class discussions, class activities, as well as their reflections on their practice in various healthcare settings. Journal entries provide an effective measure for the instructor to assess and monitor students' responses to the often emotionally difficult activities and topics as part of their training. These entries can serve as signs of progress that show the students and the instructor that an increase in self-awareness and deep learning is occurring. To promote students' ongoing dialogues and processing of their unique personal experiences, the instructor writes blogs to respond to every student journal privately, promptly, and tactfully.

3.3 Evaluation Surveys and Data Analysis

To help the instructor evaluate the structure and delivery of these activities, a brief evaluation survey was administered with students to gather their feedback about the course activities and to determine whether the activities have increased the amount and quality of interaction they have had with other students and the instructor. Narrative data from student journals and the instructor's responses were studied qualitatively using technical steps based on the thematic analysis approach (Boyatzis, 1998). The analysis was based on immersion in the narrative data and sorting data into codes and categories, and comparing themes across journal entries. A qualitative analysis software program, ATLAS.ti was used to help code and organize the data (Friese, 2014). Open coding was used to scrutinize narrative data's body of words, phrases, and sentences. A tentative list of codes was then created to code and classify all data. To enhance credibility and trustworthiness of study data (Yin, 2014), the author checked for the representativeness of key findings as well as quotations that were used to illustrate the themes. The author also checked to assess if descriptions or explanations on the data were both complete and accurate.

4. Results

Between 2011 and 2012, the author taught two Clinical Social Work in Healthcare elective courses with a total of 42 advanced year students at a graduate school of social work in New York City. Upon completion of the course, students were provided information of the study and asked for their consent to release their journals to be analyzed for this report. Twenty-six students (62% response rate) gave consent. A total of 87 journals were submitted by these students. All these journals covered a range of topics for the entire course. A subset of student journals and the author's blogs were selected for analysis for this report. The study was reviewed and approved by the College's Human Research Protection Program.

4.1 Analysis of Student Journals

4.1.1 Critical Review and Reflections of Course Readings

Students reflected and critically reviewed course readings to prepare for class activities and discussion of both personal and professional experiences. As shown in Table 1, topic themes shared by students included: indirect trauma, emergency social work, institutional care and end-of-life care. Number of journals (in parenthesis) and illustrative quotations were presented.

Table 1. Critical Review and Reflections of Readings – Topic Themes and Illustrative Quotations

Themes	Illustrative Quotes
Indirect Trauma (3)	“After reading the article “ <i>Hospital Social Workers and Indirect Trauma Exposure...</i> ” by Badger, Royse and Craig, I could not help but connect my field placement this past year to the concepts of Secondary Traumatic Stress... Within the article, there is a great deal discussed about “vicarious traumatization”, which includes “intrusive secondary thoughts, flashbacks and sleep disturbances”, all of which I experienced.” (S9)
Emergency Social Work (1)	This week's reading on social work in emergency room departments definitely interested me because I have been interested in hospital social work because of its demanding and diverse schedule...One important point the article made me consider for the first time was how frustrating it might be to work with clients intensely for a short period of time and then quickly terminate with no information about how they end up doing in life.” (S4)
Institutional Care(1)	“The article “Living in Institutional Care: Residents’ Experiences and Coping Strategies” is based on the research study with the seniors residing in residential care... From the article it seems that most of the seniors are not satisfied with the services they are receiving. Their views and opinions helps social workers like us to understand what we can do or how we can help them get the better environment where they can live their life respectfully with dignity.” (S5)
End-of-Life (3)	“I found the article titled, <i>The Increase of Treatment Options at the End of Life: Impact on the Social Work Role in an Inpatient Hospital Setting</i> , to be particularly interesting. I was not surprised to read that the majority of MSW students are not adequately trained in dealing with end of life care while in their master’s program...Thankfully for my family and I, the social worker assigned to us was extremely knowledgeable and had many years of experience dealing with loss and death.” (S1).

4.1.2 Students’ Experience of Classroom Activities and Discussion

Students actively participated in classroom activities and large and small group discussion and wrote journals to reflect their learning and insights on several key topics – end-of-life, hospice and palliative care, and emergency and acute care social work practice. Table 2 showed several student journal entries on these topics and the number of journals (in parenthesis).

Table 2. Experience of Classroom Activities and Discussion – Topic Themes and Illustrative Quotations

Themes	Illustrative Quotes
End-of-Life (2)	“I'm writing to reflect on the case history we received at the end of class today. While I find the topic of this course interesting and a very important dimension of work I want to know about and apply at some point in the future, I also sometimes feel limited by the fact that I am not actually working in a health setting at the moment and therefore do not necessarily have as many specific insights about working dynamics to report as other students in the class may have. Thus, I appreciate the opportunity to look in depth (albeit briefly) into someone's life experience and contemplate how I could best respond as a clinical social worker.” (S10)
Hospice or Palliative Care (1)	“I found the class discussion today stimulating and interesting - as I have never given much thought to working in either hospice or palliative care. I appreciated one of my classmate’s comments that these two areas are ones in which social workers would greatly thrive. This type of work involves social workers to take on numerous roles, including advocate, coordinator of care, and grief counselor.” (S17)
Emergency and Acute Care (2)	“I enjoyed our class discussion this past week regarding working in an acute setting and emergency room setting. It gave me the opportunity to think about whether or not I would want to pursue a job in this setting... The great thing about working in this type of setting is the excitement of being in a fast-paced environment and feeling like the work I would be doing on a daily basis is truly important. This would also be a great way to learn more about the field as you deal with so many different problems and clients.” (S24)

4.1.3 Integration of Personal and Professional Experiences

As shown in Table 3, students used the journals to share with the instructor their own personal or professional experiences on a range of topics – death and dying, indirect trauma, work stress, empathy and emotional separation, use of humor, hospital social work, and hospice care. The number of journals analyzed was indicated in parenthesis.

Table 3. Integration of Personal and Professional Experiences – Topic Themes and Illustrative Quotations

Themes	Illustrative Quotes
Death and Dying (7)	“The idea of the therapist bringing unresolved situations or fresh wounds into session with his/her clients. While in the process of losing my stepfather to cancer last year, I found myself in some very emotional situations which I was able to keep my focus on my clients without disclosing too much of my own baggage. However, during a session with a client that I had been working with... my emotions got the best of me. My client spent the majority of that particular engagement describing the night that she lost her father to cancer some 20 years before. Needless to say, towards the end of her story, we were both in tears and ended up hugging...To my surprise from that point on our relationship changed for the better. There was a sense of closeness that didn't exist before.” (S1)
Indirect Trauma (3)	“I can recall working with one of my clients, a 23-year old woman with a history of domestic violence and frequent marijuana use. She had disclosed to me that in high school, she had been gang raped by five men. She went into detail about the events leading up to the attack...Listening and watching her tell the story, I remember initially having a sick feeling within me... Later that evening, I noticed that I could not get that story out of my head. It kept re-playing over and over. For many nights, it took an unusual amount of time for me to fall asleep. I even remember one night, I had a bad headache.” (S9)
Work Stress (2)	“Our clients come with multiple issues ranging from PTSD, bipolar disorder, schizoaffective disorders and much more... from my observation staff is becoming more stressed...Dealing with this population on a daily basis is more than enough within itself, but to come to work and be told by the powers that the agency has to downsize due to the economy is frightening.” (S8)
Empathy and Emotional Separation (2)	“I also reflected on my own experiences working with individuals with a history of trauma and my own empathy and emotional separation with these clients. Something that I have been struggling with this past year is being able to strike the balance between the two to be an objective, yet compassionate social worker. I feel that I have been too emotionally separated, and not empathic or "present" enough ...a personal need of mine - to feel deeply connected to others and to try to feel their pain to understand it better. I have always prided myself on being able to put myself in other people's shoes, and I used to consider that one of my strengths, but I worry that my emotional separation is so great that I cannot say that I can put myself in other people's shoes anymore.” (S3)
Use of Humor (1)	“I appreciate times with my co-workers when we are able to laugh at some of the extremely bizarre things we have seen and dealt with. It is not to make the situation feel unimportant, make fun or minimize the work, but rather to make it manageable...Sometimes being able to take a grim situation and find a little bit of humor in it helps a patient or family take a breath... One could look at the situation and be saddened, or one could see some irony and humor in a situation.” (S16)
Hospital Social Work (5)	“Doing this job [hospital social work] well, however, is no easy feat. There are long hours because the demands of the job are simply too much for any one person to finish within a regular work week. There are many new rules and regulations regarding health care, patient care, and hospital policy. There would be so much to learn.” (S16)
Hospice Care (3)	“The person who truly helped my parents through the decision-making process, as well as through the process of hospice, was a hospice social worker. My parents talked about this social worker very frequently, and still indicate that it was because of her that their experience with death was as positive as possible...the social worker coordinated a hospice bed, and ensured that my grandmother had a place to go. She educated my parents about the grieving process, and helped my mother come to terms with her mother's death. My mother and grandmother had a rocky relationship, and the social worker helped to relieve much of my mother's guilt surrounding my grandmother's death.” (S17)

4.2 Instructor's Blogs and Their Functions

Table 4 presented some of the instructor's responses to student journals and major functions fulfilled by these blogs.

Table 4. Instructor's Blogs – Focus, Purposes, and Illustrations

Focus/Purposes	Illustrative Blogs
Affirmative, Reassuring, and Supportive	<p>“Thanks for sharing with me such a difficult situation you have experienced and no doubt that we as social workers would experience these traumas from time to time and you did a right thing to acknowledge this in the first place, process your own feelings and reactions, talk it over with colleagues and supervisors, and get support and guidance to deal with these “personal crises” as if we could not help ourselves how could we help our clients who went thru those tragedies.”</p> <p>“You are right that to advance your practice experience and competence on addressing the issues you presented that will be an ongoing struggle for all of us in our profession... You made a great argument about our need to address the issue of emotional empathy and emotional separation on our own in order for us to work effectively with populations who may be at high risk due to constant or intense exposure to different kinds of trauma.”</p>
Increase or Clarify Understanding	<p>“While social workers collaborate with hospice care team to cover various functions, what define the uniqueness of SW in working with death and dying populations is our focus on emotional and social dimensions of clients and their family members, clients' emotional reactions such as fear of uncertainties, anxiety about treatment procedures, guilt about the possibility of making a “wrong” life and death decision, and stress and burden coping with all these changes.”</p> <p>“I am not sure if we can have little emotional attachment. Yes expressing too much empathy may drain or traumatize ourselves yet able to make emotional connection with patients is a cornerstone in which we build our work with patients and families. Though distressing at times when working with death and dying populations but as you said, the intrinsic reward is that our work will be fully appreciated and remembered from patients and families.”</p>
Cultivate Therapeutic Skills	<p>“In our everyday life, we do experience different trauma thru our senses for instance earthquake in Japan, fatal crash in a tour bus that killed dozens of individuals in a click of seconds, victims of violence etc, so I will ask how I would feel if I were a family of them, like an emotional rehearsal session that we can display our emotions more naturally when we interact with real clients, also our emotional separation what I would do if I were a social worker to address those crises in that situation. I think both emotional empathy and emotional separation is important.”</p>
Offer Advice and Suggestions	<p>“I could not agree with you more about one core personal quality for hospital social workers - being able to multi-tasking, time management when managing different tasks at the same time, a high level of tolerance of ambiguity and uncertainty, perhaps the most critical quality in my own assessment – being able to be empathetic and meet clients' emotional demands but at the same time being able to exercise good self-care given the nature of work so for those who look for much predictable case situations and are less flexible in managing change, intense emotions, and chaos properly, hospital or emergency social work may not fit their style.”</p>
Gaining Perspectives	<p>“I think the framework will also allow us to be sensitive to the needs of those who are close with the patients (including family members, group members, residents, etc.) regarding indirect exposure and what we need to do to assess the underlying risk and intervene promptly if symptoms arise as a result of the trauma. You are right about the self-care issue and we actually had a very interesting discussion last week on what we need to do to contain our exposure such as safety protocol, emergency coverage, team approach rather than being alone to deal with the crisis, debriefing and professional support to address those traumatic experiences.”</p>
Self-Disclosure to Make Connection	<p>“Thanks for sharing your personal experiences regarding end-of-life issues and no doubt that it's difficult for us, not only handling our own emotions and reactions but also your concerns what would be the best for your mom and also you reaction towards your siblings' reaction. Personally my relationship with my own father and mother has been so different in terms of both quality and quantity of our communication and relationship that I am sure I will react very differently if my mom or dad will pass away one day.”</p>

4.3 Summary of Evaluation Surveys

Altogether 43 students completed the evaluation surveys. Results indicated that students had positive experiences overall with the course activities. In comparison to the interaction experienced with students and instructors in other courses, the majority of students in this course described the amount of interaction with other students increased or somewhat increased (35 students, 81%). Thirty-four students (79%) described the amount of interaction with the instructor increased or somewhat increased. Thirty-one students (72%) described the quality of interaction experienced with other students increased or somewhat increased. Thirty-five students (81%) described the quality of interaction experienced with the instructor increased or somewhat increased. Overall they felt strongly satisfied or satisfied (95%) with the course and its activities.

5. Discussion

5.1 Student Outcomes and Study Implications

Based on the analyses of students' journals and the instructor's blogs, it was observed that many students showed an increase of self-awareness and their own abilities in managing work-related stress. The findings support the use of experiential learning activities, student journaling assignments, and instructor's blogs, as an innovative pedagogical approach, to enhance students' self-awareness and abilities to manage work-related stress. Findings in this evaluation study have several implications for the instructor to use this pedagogical approach to enhance students' self-awareness and abilities to manage work-related stress. To promote students' ongoing dialogues and processing of their unique personal experiences, the instructor needs to respond to students' journal entries sensitively, tactfully, and purposefully. As shown in Table 4, the instructor's responses are intended to serve a number of purposes. Responses need to be affirmative, reassuring, and supportive to students while they engage in self-discovery and self-awareness activities. To assist students in gaining perspective about their experience and proactively taking steps to achieve better therapeutic gain in their direct practice, the instructor needs to provide students with guidance and suggestions to enhance their personal and practice effectiveness. As the students are taking psychological risk to gain awareness and enhance their competence, the instructor needs to remind students to respect each other's privacy, keep the class conversation and discussion confidential, and engage in empathetic listening. Finally it is important that the class activities and discussions, critical reviews of readings, and reflections of personal and professional experiences through journal writing are seamlessly integrated to facilitate student engagement, mastery of key concepts, and skill development. For example, students are encouraged to share their journals and personal insights in class activities. Journals allow students to reflect on class activities and course readings. It is also important to connect themes from one session to another and between class activities and journal entries.

5.2 Study Limitations

There are limitations to this study. First of all, the sample size was small. Second, students were invited to participate. It was not a representative sample. The study did not collect specific demographic data such as age, gender or other background characteristics of student participants. The application of this pedagogy was only limited to a particular course and discipline, thus the findings from this report cannot be generalized to the entire social work student populations. Despite these limitations, this study does contribute to our understanding and knowledge about the use of experiential learning activities and journals writing to help students enhance their self-awareness of work-related stress and develop effective self-care strategies.

5.3 Conclusion

The use of this pedagogical approach provides graduate level social work students with diverse learning experiences in the classroom and beyond, including experiential class activities, guided reflection on a range of critical topics, group collaboration and discussion, knowledge co-creation, case review, and individual journaling assignments. Through these activities, students can explore and develop knowledge on a range of topics such as indirect trauma, work stress, empathy and emotional separation, and death and dying issues. They also acquire critical skills that have direct application both in the classroom and in the social work field. By learning to identify problem areas and practice self-care, social workers can manage the stress of working with complicated and challenging populations in healthy ways. Social workers can learn to respond to physical stress in healthy ways and obtain personal and professional support to meet their social and emotional needs. Within the social work profession, it is important to emphasize the need for self-awareness and create an expectation for ongoing self-care that is part of the professional identity. As O'Connor (2001) recommended, it is also important to establish a professional environment of openness, sharing, peer support, and consultation. This will allow social workers to function as professional role models to colleagues and social workers in training, creating a professional atmosphere that is supportive of self-care.

Acknowledgements

The author whole heartedly thanks all student participants for their time and their openness in sharing their perspectives, personal and professional experiences, as well as their struggles and successes in managing work-related stress.

References

- Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76(1) 102-108. <http://dx.doi.org/10.1037/0002-9432.76.1.103>
- Arrington, P. (2008). *Stress at work: How do social workers cope?* NASW Membership Workforce Study. Washington, DC: National Association of Social Workers.
- Badger, K., Royse, D., & Craig, C. (2008). Hospital social workers and indirect trauma exposure: An exploratory study of contributing factors. *Health and Social Work*, 33(1), 63–71. <http://dx.doi.org/10.1093/hsw/33.1.63>
- Baker, E. (2003). Caring for ourselves as psychologists. Retrieved from http://www.e-psychologist.org/index.html?mdl=exam/show_article.mdl&Material_ID=1
- Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In the pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice*, 38(6), 603-612. <http://dx.doi.org/10.1037/0735-7028.38.6.603>
- Bongar, B., Stolberg, R. (2009). *Risk management with the suicidal patient*. Washington, DC: National Register of Health Service Psychologists; 2009.
- Boyatzis, R.E. (1998) *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, London, & New Delhi: SAGE Publications.
- Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, 52(1), 63–70. <http://dx.doi.org/10.1093/sw/52.1.63>
- Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and validation of the secondary traumatic stress scale. *Research on Social Work Practice*, 14(1), 27–35. <http://dx.doi.org/10.1177/1049731503254106>
- Canning, S. S. (2011). Out of balance: Why I hesitate to practice and teach “self-care”. *Journal of Psychology and Christianity*, 30(1), 70–74.
- Colon, Y. (2012). End-of-life care. In S. Gehlert & Browne, T. (Eds.), *Handbook of health social work*, 2nd edition, (p.627-642). Hoboken, New Jersey: Wiley.
- Corcoran, K., J. (1989). Interpersonal stress and burnout: unraveling the role of empathy. *Journal of Social Behavior & Personality*, 4(1), 141-144.
- Cox, K., & Steiner, S. (2013). *Self-care in social work: A Guide for practitioners, supervisors, and administrators*. Washington, DC: NASW Press.
- Dombo, E., & Gray, C. (2013). Engaging spirituality in addressing vicarious trauma in clinical social workers: A self-care model. *Social Work & Spirituality*, 40(1), 89-104.
- Dziegielewski, S. F., Turnage, B., & Roest-Marti, S. (2004). Addressing stress with social work students: a controlled evaluation. *Journal of Social Work Education*, 40(1), 105–119.
- Fahy, A. (2007). The unbearable fatigue of compassion: Notes from a substance abuse counselor who dreams of working at Starbucks. *Clinical Social Work Journal*, 35(3), 199–205. <http://dx.doi.org/10.1007/s10615-007-0094-4>
- Figley C. R. (1999). Compassion fatigue: toward a new understanding of the costs of caring. In: Stamm BH, ed. *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*. 2nd ed. Lutherville, MD: Sidran Press; 3–28.
- Figley, C. R. (2002). Compassion fatigue: Psychotherapists’ chronic lack of self care. *Journal of Clinical Psychology*, 58(11), 1433–1441. <http://dx.doi.org/10.1002/jclp.10090>

- Finklestein, M., Stein, E., Greene, T., Bronstein, I., & Solomon, Z. (2015). Posttraumatic stress disorder and vicarious trauma in mental health professionals. *Health & Social Work, 40*(2), e25–e31. <http://dx.doi.org/10.1093/hsw/hlv026>
- Friese, S. (2014). *Qualitative data analysis with ATLAS.ti*. (2nd Ed.). Thousand Oaks, CA: Sage Publications.
- Gerdes, K. E., & Segal, E. (2011). Importance of empathy for social work practice: Integrating new science. *Social Work, 56* (2), 141-148. <http://dx.doi.org/10.1093/sw/56.2.141>
- Manning-Jones, S., de Terte, I., & Stephens, C. (2016). Secondary trauma stress, vicarious posttraumatic growth and coping among mental health professionals: A comparison study. *New Zealand Journal of Psychology, 45*(1), 20-29.
- Naturale, A. (2007). Secondary traumatic stress in social workers responding to disasters: Reports from the field. *Clinical Social Work Journal, 35*(3), 173–181. <http://dx.doi.org/10.1007/s10615-007-0089-1>
- Newell, J. M., & MacNeil, G. (2010). Professional burnout, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians. *Best Practices in Mental Health, 6* (2), 57-68.
- O'Connor, M. F. (2001). On the etiology and effective management of professional distress and impairment among psychologists. *Professional Psychology: Research and Practice, 32*, 345–350. <http://dx.doi.org/10.1037/0735-7028.32.4.345>
- Professional Quality of Life Elements Theory and Management. (2016). ProQOL Web site. <http://www.proqol.org/>
- Pryce, J. G., Shackelford, K. K., & Pryce, D. H. (2007). *Secondary traumatic stress and the child welfare professional*. Chicago: Lyceum.
- Schaufeli, W. B., Leiter, M. P., & Maslach, D. (2009). Burnout: 35 years of research and practice. *Career Development International, 14*(3), 204-220. <http://dx.doi.org/10.1108/13620430910966406>
- Shoji, K., Bock, J., Cieslak, R., Zukowska, K., Luszczynska, A., Benight, C. C. (2014). Cultivating secondary traumatic growth among healthcare workers: The role of social support and self-efficacy. *Journal of Clinical Psychology, 70*(9), 831-846. <http://dx.doi.org/10.1002/jclp.22070>
- Smullens, S. (2012). What I wish I had known: burnout and self-care in our social work profession. *New Social Worker, 19*(4), 6-9.
- Stamm B. (2002). Measuring compassion fatigue in psychotherapists. In: Figley CR, ed. *Treating compassion fatigue*. New York, NY: Brunner/Rutledge.
- Ting, L., Saunders, S., Jacobson, J., & Power J. (2006). Dealing with the aftermath: A qualitative analysis of mental health social workers' reactions after a client suicide. *Social Work, 51*(4), 329–341. <http://dx.doi.org/10.1093/sw/51.4.329>
- Weitcamp, K., Daniels, J. K., & Klasen, F. (2014). Psychometric properties of the questionnaire for secondary traumatization. *European Journal of Psychotraumatology, 5*, 1-12. <http://dx.doi.org/10.3402/ejpt.v5.21875>
- Williams, I. D., Richardson, T. A., Moore, D. D., Gambrel, L. E., & Keeling, M. L. (2010). Perspectives of self-care. *Journal of Creativity in Mental Health, 5*, 321-338. <http://dx.doi.org/10.1080/15401383.2010.507700>
- Yin, R. (2014). *Case study research: Design and methods*. (5th ed.). Thousand Oaks, CA: Sage Publications.