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An Evaluation of Social Care Practitioner's Knowledge and Practice of Self Care while Working with Women Victims of Domestic Violence

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Declaration

I, Amanda Mc Manus, declare that this dissertation and the research involved in it are entirely the work of the author. This work has not been submitted for a qualification to any other Institute or University.

Signature: _____ Date: _____

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Abstract

The aim of this research project was to investigate the social care practitioners who work in the domestic violence sector views of self-care. The first objective was to examine the practitioner's stated knowledge of self-care. The second objective was to identify practitioner's practice of self-care. The third objective sought to explore any challenges regarding the practice of self-care. Then finally, the fourth objective was to investigate the supports the organisation provides to promote self-care. The key finding is that self-care remains important to promoting social-care practitioners' well-being.

Aim:

The aim of this study is to examine the knowledge and practices of self-care among social care practitioners working in the area of domestic violence.

Objectives:

- To determine social care Practitioners understanding of self-care

- To determine social care Practitioner's practices self-care.

- To identify the challenges regarding the practice of self-care.

- To identify what supports the organization has in place to promote self-care.

*1.*Introduction

The aim of this research study is to explore the impact of self-care on social care practitioners. Self-care, compassion fatigue and burnout have been topics of consideration within social care for many years (Farber, 1983; Figley, 1995; Reardon, 2011). Social care is a field that requires practitioners to work often in very stressful environments while working with individuals who have experienced trauma and who need support, such as woman and children.

Job burnout and secondary traumatic stress (STS) have been recognized as the crucial concerns of extreme job demands in human services professionals (Shajj, et al.2015). Such exposure may include frequent and intense contact with traumatized clients and chronic exposure to traumatic content at work (Shajj et al, 2015).

Burnout is defined as "psychological syndrome that involves a prolonged response to chronic interpersonal stressors on the job" (Ray et al, 2013).

An understanding of the signs and consequences of fatigue and burnout and knowledge of the appropriate methods of self-care are essential for overall wellbeing and continued professional ability (Clark, Smith and Uota, 2013). Indeed, social care participants working in the field of social care have a professional obligation to care for themselves in the pursuit of caring for others or they will serve no purpose.

The research bears significance to the field of social care because it seeks to identify the impact of self-care and burnout on social care participants that are working in the field of social care (Denyes, Orem and Bekel, 2011). The research aims to measure the most frequently used methods of self-care among social care workers. This research study is designed to identify if social care workers are prone to experiencing professional burnout and the type of self-care methods they currently employ. Once this is identified, social care workers can begin to implement new levels of self-care whether that is better sleeping routines, spending time with friends or family or some physical exercise like swimming or yoga. Understanding the lack of self-care can help the social care workers develop better coping skills when

confronted with secondary trauma. This may change the professional's behaviour, attitudes and routines and habits within the working field (Harr, 2011).

Due to the increasing number of clients seeking support who have experienced trauma due to domestic violence, social care practitioners are at a greater risk for developing vicarious trauma. In (2017) 21,451 contacts where made of the disclosures of domestic violence. (Womans Aid Impact Report, 2017) The consequence of working with traumatised clients is determined by the level of exposure the social care practitioners has to the trauma and their capacity to empathise. Self-care has been described as helpful in managing the effects of working with clients who have experienced trauma, (Bober et al. (2006).

Self-care helps employees have a healthy lifestyles and attitudes that can increase self-esteem, and this is the reason for my proposed research topic. Social care employees working in the Domestic violence refuge deals with woman who have experienced extreme trauma through Domestic Violence this can cause secondary trauma when doing providing continue support which can lead to the social care working feeling burnout if regular self-care is not in place.

2. Literature Review

2.1 Introduction

This section will discuss the existing body of literature in terms of the self-care that is practiced among social care practitioners or the lack of self-care practiced among social care practitioners. This section will highlight the importance of social care professionals practicing self-care in order to enhance the quality of work they can provide towards their clients. This section will highlight the importance of social care among social care professionals working in with women who experience domestic violence.

2.2 Social care practitioners and Self Care

Social care has been defined as "committed to planning and delivery of quality care and other support services for individual and groups that have identified needs" (IASCE, 2005, Share and Lalor 2009, p.5), Social care practitioners work in a variety of different areas. This includes children and adolescents in residential care, young people in detention schools; people with intellectual or physical disabilities; people who are homeless; people with alcohol / drug dependency; family support; older people; and domestic violence (Share and Lalor, 2013). In the areas mentioned, it is social care practitioners that provide hand on support and care, looking after the physical, emotional and social needs of adults and children in a variety of different areas, including residential care, detention schools; people with intellectual or physical disabilities; people who are homeless; people with alcohol / drug dependency; family support; older people; and domestic violence (Share and Lalor, 2013). Social care practitioners work by utilizing themselves in the social care practitioner/client relationship to help the client to find new ways to deal with challenges and/or to cope with stress.

Legislative measures such as the health and social care professional Act 2005 (HSCP ACT 2005) provided for a registration board to establish the professionalization of social care. The professional health regulator "CORU" set up by the (HSCP) states that social care practitioners must practice professional development and know the importance of one's own personal growth and this includes personal skills such as self-care and self-awareness.

The ethical guidelines for the Irish Association for Social Care Workers in Ireland state that SCP must present themselves for duty in a fit state mentally and physically for work. (IASC,2012, para 7). It is evident from the (HSCP ACT 2005) that a high-level of self-care is a priority for the social care participants.

Studies regarding the importance of self-care suggest that therapists need to take time for themselves to think and reflect of their thought process (Nii Lin, 2012). This can be done through journal writing or self-reflection in one's own private space.

The area of self-care is growing, however few study's examined self-care among social care practitioners. A study among health-care social workers found that they only moderately engage in self-care (Miller et al 2017). Earlier studies indicate the lack of self-care among social work contributes to burnout, compassion fatigue and vicarious trauma (King and Chenowth, 2009).

2.3 Burnout

Maslach and Leither (2016) states burnout is a psychological syndrome emerging from a prolonged response to chronic interpersonal stressors on the job. Burnout has been connected with tedium, job stress, Job dissatisfaction, low morale, anxiety, job strain, tension, feeling *"worn out"*, conflict pressure, nerves and chronic or emotional fatigue (Schaufeli, Maslach and Marek, 2017).

In the Irish context, Gilbert, (2013) study *"The relationship between personality, areas of work and burnout among social care workers in Ireland"* highlighted 32.1% of social care workers felt burnout from emotional exhaustion. Further studies conducted by Lambert et al. (2015), Komarevtseva (2014), Bianchi et al (2013), Swider et al (2010) also indicate that emotional burnout is from high level of emotional exhaustion. This happens when workers are continuously emotionally involved by supporting clients and can lose their initial enthusiasm and motivation. Stebnicki (2007) noted burnout negatively changes the way people observe the population they serve.

2.4 Social Care practitioners working in Domestic violence

Domestic violence is defined as mental, physical, financial and sexual violence (Gordon, 2012).

The Report of the Task Force on Violence against Women (1997) defines domestic violence as: *'The use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships. This includes violence perpetrated by a spouse, partner, son, daughter or any other person who has a close or blood relationship with the victim. The term 'domestic violence' goes beyond actual physical violence. It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transport and the telephone.'* (p. 27).

Currently, in Ireland, there are 37 domestic violence services. In 2016, there were 16,946 disclosures of domestic violence against women noted during 19,115 contacts with Women's Aid Direct Services. There were 11,078 incidents of emotional abuse, 3,502 incidents of physical abuse and 1,671 incidents of financial abuse disclosed. In the same year, 695 incidents of sexual abuse were disclosed to the services including 316 rapes. The Women's Aid National Helpline responded to 15,952 calls in 2016. (Women's Aid Impact Report 2016).

A report from Womens Aid stated that in 2017 there was 10,281 disclosures of emotional abuse. 531 of this number was of digital abuse and stalking and 62 threats to kill the woman, the children and her family or to self-harm. There were 3,502 disclosures of physical abuse 756 of this number was disclosures of choking, beaten and threats with weapons. 217 of these were pregnant with a number experiencing miscarriage. 607 disclosed sexual abuse including videos and photos taken without their consent and raped during pregnant or after giving child birth. 1,443 disclosed financial abuse where the abuser made account for every penny spent and often left them with inadequate funds for the family needs

The Domestic Violence Act (2018) brought in positive and significant changes such as guidelines, extension eligibility for orders and intimate relationship being aggravating circumstance in sentencing this shows the significance of domestic in Ireland to date.

The role of the social care practitioners working in the domestic violence sector is to listen and support each woman, this is done through one to one support as well as 24hr phone support. The social care workers offer valuable sources of information, referrals and advocate on behalf of the client. They also do risk assessment, safety plans to support and make every effort that the woman and children are as safe as possible. Court accompaniment service is also provided (Woman's Aid Impact report 2017).

2.5 Compassion fatigue, vicarious trauma and stress.

The consequences for the social care practitioner when working with trauma victims of domestic abuse can be vicarious trauma compassion fatigue and burnout when working with a lot of trauma cases. This happens when not enough time is giving to looking after the self. According to Baird and Jenkins (2003) some of the major identified risk factors for experiencing vicarious trauma while working in domestic violence include not enough experience working in the sector and having a lot of exposure to traumatized individuals. Vicarious trauma is described as an experience from the worker that comes out because of empathic engagement with clients (Pearlman and Saakvitne, 1995, p. 31). A study conducted by Sodeke-Gregson et al, (2013) found from their sample, that the risk of secondary traumatic stress and compassion fatigue ranged from 38% to 70% with more than a quarter of their sample being at high risk of burnout.

Compassion fatigue was first identified by Joinson (1992) in a study of burnout on nurses who worked in the emergency department. Joinson identified behaviors that were characteristic of compassion fatigue. This included chronic fatigue and irritability and dread of going to work. This happens over prolonged period of time when repeated exposure to clients suffering the effects of trauma. Compassion fatigue has been described as the negative effects experienced by the health professional having come into contact with or knowing about the distress and suffering of other (Huggard, Stem and Pearlman, 2013).

Alkema et al (2008) conducted a study done on 37 hospice workers found when self-care is practiced compassion fatigue increased.

According to (Hans Selye, 2009) stress is a physical response of the body that requires one to adjust to change. Stress is a term that is often referred as a situation where an individual is faced with a threatening situation and does not feel able to cope effectively (Howard, 2008). Social care practitioners face stressful situations due to the caseloads within the working environment. For example, social care practitioner working in the domestic violence refuge, take in woman and children who need a safe place due to the domestic violence. They have to leave the home due to extreme crisis. When the women arrive at the refuge with the children, they are arrive with very little belongings and no other type of support. It is the responsibility of the of the social care practitioners to provide ongoing support for the clients and statistic show that in 2016, there were 9,448 women with 3,068 children that received support and accommodation from a domestic violence service in Ireland. 4,831 requests for refuge could not be met because the refuge was full (Safe Ireland, 2016).

Self-care is considered the most protective factor in combating professional fatigue syndromes. A study conducted on organizational stress in social care found that when the social care workers are feeling stressed they often look for support from co-workers as well as supervision (Mc Carthy, 2006).

2.6 Self-care
"Professional Self-care is defined as a process of purposeful engagement in the practices that promote holistic health and well-being of the self. Professional self-care is a process of purposeful engagement in practices that promote appropriate use of self in the professional role within the context of sustaining holistic health and Well-being" (Bressi et al, 2017 p.34). Research from Oerlemans and Bakker, (2014) has shown suggestions on the different types of self-care such as mindfulness and exercise that one can engage in on a regular basis. This helps to reduce stress and helps health and well-being. This is important when working as a professional that is helping others.

Filaroski (2001) made recommendations on self-care, these recommendations include getting plenty of rest, eating healthy, exercising, and talking, and to take part of relaxing activities and spend time with family members. It was also recommended to avoid risky activities such as drinking excessive amount of alcohol. Furthermore ,Meichenbaum(n.d.) went on to talk about coping strategies to help with self-care and to help prevent vicarious trauma. These include being realistic with one's expectations for the client and the therapist, taking pride in one's work and to use individual spirituality.

Dorothea Orem in the 1950's (Renpenning amd Taylor, 2003) recognised self-care theory. She focused on factors and requirements that an individual need to enhance his/her health and wellbeing, stating that "self-care is an individual "personal care" that is required each day to regulate their own functioning and development" (Orem, 2001). According to the World Health Organization (WHO) 2013 *"Self-Care is the ability of individuals, families and communities to promote health, prevent disease, and maintain health and to cope with illness and disability with or without the support of a health-care provider"*.

From an Irish perspective, Share and Lawlor (2009 p.302) state that "*self-care is closely linked to self-awareness and that individuals must remain acutely aware of their own limitations"*. Norcross and brown (2000) have defined self-care as individual engagement in the practice of caring for themselves, that can be done by making health-related decisions. Richards et al (2010) indicated that Self-care practices improve well-being and noted that various categories of self-care include physical, psychological, spiritual, personal and professional support. Personal self-care focus on behavioral strategies that promote well-being, reduce stress (Richards, Campanini, and Muse-Burke, 2010). This includes regulation of the body and mind through good sleeping patterns, healthy diet, and regular exercise, building supportive relationships with friends, family, resting and relaxing (Lee and Miller 2013; Newell and Nelson-Gardell, 2014). Dale (2008) also stated that self-care is important and questioning the amount of work that social workers can provide when individual self-care is not a priority.

2.7 Why is self-care so important?

Social care practitioners often forget about themselves when so much time and energy is giving to helping others. The NASW (2009) have stressed the importance of self-care for ongoing continues expansion in the field of social work.

Rohan and Bausch (2009) state if work-life and personal triggers are not addressed this will have a negative impact on the self and on the clients, you are working with. Self-care is an essential social care survival skill as it refers to activities and practices that we can engage in on a regular basis to reduce stress and maintain and enhance our short- and longer-term health and well-being.

Self-care is necessary for one's effectiveness and success in honoring one's professional and personal commitments to reach maximum effectiveness.

It is essential that quality time is devoted away from the issues of work in order to assess self-care. Self-care helps progress with the quality and standard of work the social care practitioner provide and helps prevent feeling burn out of fatigue which can easy happen when enough time is not giving to self-care. Self-care reduces the negative effects of stress that can have a major impact on the body and mind. Self-care helps to refocus: for example, social care practitioner is doing a large amount of one to one supports in one day and is feeling drained, it would be suggested to take a walk during the lunch hour to clear the mind and this will help perform better.

2.8 Mental health and well-being

According to the World Health Organization mental health is a, "*state of well-being which every individual realizes their own potential to cope with the normal stresses in life and can work productively and fruitfully and is able to make a contribution to his or her community*" (WHO, 2011, p.2). The WHO has carried out various studies which have consistently found that work related stress is related to poor physical and psychological health which has an impact on the overall well-being (WHO, 2016). Work related stress is caused when the individual is unable to cope with the demands placed on them in work (WHO, 2016).

Psychological well-being (PWB) is considered a lasting, inner peace and tranquility. (PWB) is a cornerstone of mental health which seems to transcend from circumstances or situations (Hanley, Warner, and Garland, 2014). PWB represents a lasting happiness that spreads through to an individual's emotions and behaviors. Diener (2000) found that people of every country in the world indicated that happiness was the most important quality of life to attain. People tend to be more self-focused, forgiving, energetic, and creative and are less likely to become sick (Myers and Diener, 1995; Siahpush et al, 2008)2.9 Mindfulness Meditation

Mindfulness is the conscious awareness of one's body, speech, thoughts and feelings, without placing any judgment to them (Lynn, 2009). Often, the mind can wander and can waver between thoughts about the past, present and future. The past can involve remorse memories of regret, while the present can bring on feelings of anger and failure and the future can bring on feelings of fear and anxiety. Practicing mindfulness allows individuals to pay full attention to what one is doing or experiencing at a certain moment without any mind disturbance (Janssen et al 2018). Thoughts and emotions are encouraged to be acknowledged but not expanded at that present moment (Bishop et al, 2004). Mindfulness practices are seen as been useful, in supporting wellbeing in social workers by helping them develop the competencies associated with resilience, such as reflection (Grant and Kinman, 2014).

A study by Hoffman et al (2010) found that practicing mindfulness meditation leads to increased positive effects and decreases anxiety and negative attitudes, Jha et al. (2010). This helps awaken individuals joy of the present and increase the levels of happiness (Teeter, 2016). Mindfulness can be a skill that is learned to help destress when working in areas such as the domestic violence unit.

When Social care practitioners are feeling stressed they could use mediation as a technic to help relax. Directing attention on the breathing at that present moment is known as a coping mechanism (Chiesa and Malinowski 2011). Meditation is a skill that allows for the individual to cope in a stressful situation (Srividya, 2017). Studies have shown that mindfulness increased self-care, awareness and coping strategies and stress levels over an eight week period (McGarrigle and Walsh, 2011).

2.10 *Challenges regarding the practice of self-care*

The World Health Organisation classified night shift work as a probable carcinogen due to circadian disruption. The body is programmed to run on cycles known as circadian rhythms, and changes in our routine caused by shift work disrupt those rhythms. (WHO,2007). Many workers feel that a challenge for them is the long shift hours within work. This has a serious effect on self-care, family and social activates.

2.10.1 Organisational supports to promote self-care

2.10.2 Supervision

Research has demonstrated that good supervision is associated with job satisfaction, commitment to the organisation and retention (HSE, 2015). Research has shown there is a need for regular supervision, training and opportunities to promote so promote self-care (Pross, 2006; Wheeler, 2007). Management can assist the social care practitioner's self-care to help prevent becoming burnout, compassion fatigue or vicarious trauma and reduce stress levels through continues support in supervision. Supervision in social care is beneficial to both the practitioner and management. It gives an opportunity to reflect and develop and gives the social care practitioner time to reflect and develop. However, Pross (2006) states there needs recognition and value given to workers when they are working with clients dealing with trauma.

2.11 Work/Life Balance HSE

Work-life balance (WLB) is essential for business and personal development. Research has shown that (WLB) has an impact on the employees (Chandra, 2012).

The idea of WLB differs with every person. Certain individuals need more or less time to experience well-being and a common ground and balance between life and work Shift work can have an effect on social care practitioner's life as they are trying to juggle different aspects of work and life (Irfan and Azmi, 2015). A study undertaken by Morrissey and Warner in (2011) cited in Zheng, et al, 2015) which related to childcare subsidiaries found 47% of people questioned stated that his program helped their WLB and wellbeing.

2.12 Justification for Research

The core focus of this study is to develop a broader understanding of the topic of "self-care" focusing on social care practitioners that support woman who are experiencing domestic violence. The researcher also has a personal interest in this area of work and has experience working with women who are victims of domestic violence.

To date, no research has been conducted on social care professional's experiences of self-care when supporting woman who are experiencing domestic violence.

For this reason, the researcher was interested to explore social care professional's views and their knowledge surrounding self-care while working with clients who experience domestic violence.

2.13 Conclusion

This section has discussed the existing body of literature that surrounds self-care and the importance of self-care particularly for social care practitioners working in line with victims of domestic violence. This section has highlighted that challenges that occur for professionals in terms of practicing self-care due to burn out and fatigue experienced due to the stressors of their occupation. Justification on the importance of this research process was documented. The objectives for this study were also considered in this section:

- To determine social care Practitioners understanding of self-care

- To determine social care Practitioner's practices self-care.

- To identify the challenges regarding the practice of self-care.

- To identify what supports the organization has in place to promote self-care.

The methodology section will be discussed next providing the reader with a detailed description into how the researcher conducted her research process.

3. Methodology

3.1 Introduction

This section will highlight the procedure that was undertaken by the researcher in order to conduct her research project. This section will discuss the reasoning behind the researcher conducting semi-structured interviews, the materials used by the researcher during the interview process, a background of each participant interviewed, the procedure the researcher took in order to recruit her participants, the location interviews took place followed by ethical considerations, validity for research and limitations that surround the research process.

3.2 Research Design

Much consideration was given to the research design used for this study. Research design is a plan that explains the when, where and how data are to be collected and analysed, the researcher must choose the most appropriate design to meet the aims and objectives of the study (Parahoo 2006). The researcher considered conducting the study by organising a focus group. However, this method was withdrawn as it was considered that participants may not be comfortable speaking about their own personal experiences of self-care among a group of work colleagues.

A research design can involve a quantitative design or qualitative design. Qualitative research is a broad term used to describe research that is focused on exploring individual's experiences, attitudes, beliefs, values (Whitehead 2007). After careful consideration of both qualitative and quantitative research methods the researcher decided on qualitative method in the attempt to extract narrative rich information from the participants.

Riessman (1993, p.34) noted that qualitative data provides "richness, diversity, accuracy, and contextual depth". Qualitative research can incorporate interviews that exchange the views of two people, one been the researcher who is talking about the topic of interest (Kyale, 2008). The topic of interest is generally the interviewee's experience of his or her life world, as it is lived and created in awareness (Polkinghorne, 2005).

Quantitative research is one of the most used approaches to conduct research. It is used to gain a greater understanding of underlying reasons, options and motivations. Qualitative research helps to develop ideas or hypotheses for potential quantitative research that is counted and calculated.

The interviews were conducted using semi-structured interviews allowing structure that is necessary with open-ended questions. Interviews help obtain a more personal way to gain quality information from the respondents. Open-ended questions are frequently used in qualitative research when the researcher wants the participants to answer in their own words (Whittemore and Grey, 2006). This encourages the respondents to talk openly and freely about their experiences and views on the topic to both the interviewer and interviewee (Bryman, 2008; Polit and Beck 2010). O Leary (2017) claims that semi structured interviews can start with a "defined questioning plan" but can shift to follow the natural flow of the conversation.

Bryman (2008) claims semi-structured interviews allow specific information to be prompted freely and flexible by both the interviewer and the interviewee to ask new questions from the previous response. Interviews are viewed as the most important source of case study information (Yin, 2009). Patton (2015) stated that it is important to consider both verbal and non-verbal communication during an interview process. Patton (2015) stated that non-verbal language should also be noted. This is important as body language will say a lot about the experiencing they are expressing.

3.3 Materials
During the interviews each participant was presented with the consent form (See Appendix A) and the information sheet (See Appendix B) before proceeding with the interviews. Information and consent for the permission to use the Dictaphone for recording the interviews (see Appendix A & B). The researcher used a range of schedule topics and questions (See Appendix C). The information was recorded on the Dictaphone and transcribed onto a computer that is kept securely protected by password protection that only the researcher was able to access. Questions were destroyed at the completion of the study.

3.4 Participants

The social care sector is extremely broad, and the client groups vary with individuals who are marginalised or vulnerable for a wide variety of reasons. The researcher decided to focus on social care participants that provide support for women who are experiencing Domestic Violence. All participants are qualified in social care and are employed within the domestic violence sector. The researcher interviewed 6 social care practitioners that were all women and had an age bracket between twenty to fifty-four. Each participant shared their knowledge and brought their own unique experiences about self-care to the study.

Table 1: Profile of participants interviewed

Participants	Number of years employed
1. Sandra	One year
2. Rachael	Four years
3. Sophie	Fourteen years
4. Mary	One and half years
5. Jade	One year
6. Orla	Ten years

3.5 Procedure

The author approached the manager of the domestic violence unit and explained the outline of the study. The author asked the manager for permission to conduct the research study with the social care practitioners that work in the Domestic violence unit. The Manger was asked to act as a gatekeeper to help recruit participants to take part in this research process. Permission was granted once permission was giving by the ethics committee.

The required documents were giving to the gatekeeper this included ethics committee approval, information sheet and a sample of the questions (See Appendix A). The information sheet (Appendix A) gives details about the study, the author's name, email address and telephone number. The author gave reassurance on the issues of confidentiality in line with child protection.

Six social care practitioners agreed to participate in this study. The names and telephone numbers were given to the gatekeeper, who then passed them on to the author. All the participants are female, and all have social care qualification. The participants contacted the author and the time and location was put in place to suit the participants and the researcher. The six interviews took place over a period of a week and a half. Each interview went smoothly, and the researcher noted the non-verbal communication of participants during each question, this gives an indication of how comfortable the participants where when discussing each topic.

Keegan (2009) stated it is easy to tell when people feel uncomfortable as their body language will look restless. The semi structured interviews conducted where both versatile and flexible (Kallio, Pietila, Johnson, and Kangasniemi, 2016). This allowed for a natural flow to the conversation on the topic of self-care. Gilbert and Miles (2005) explained how this gives people the options to talk about their own experiences in the field you are interested in.

3.6 Interview Location
The interviews were held in a private quite room in the Athlone Institute of Technology. The researcher met and greeted each participant at the main reception in the collage grounds and offered each participant a cold drink or a cup of tea before the interviews began. The duration of the interviews lasted 30-40 minutes and all participants were happy to allow for the interview to be recorded.

3.7 Interview Transcription
Each recording was played and listened to several times to facilitate familiarisation and then transcribed. From here, the results was formed by using a thematic analysis approach which then gave the researcher themes that allowed for extra information within the findings.

3.8 Ethical Considerations

For this research study to take place, ethical approval had to be granted prior to conducting any fieldwork. Participants had time to decide if they wanted to take part in this research, once this decision was made the participants consented to the research.

Bias issues were considered during this study as the researcher also works with women experiencing domestic violence and would have worked alongside some of the participants. Marshall and Rossman (2016) stated that qualitative piece of research can be biased as it is the researcher that is conducting the study and the researcher may overlook some aspects because they are looking for something else.

This researcher made every effort to reassure the participants about how their identity would be kept in the strictest of confidentially and reassured them that they could withdraw from the study at any time. Participants were also given the opportunity to refuse to answer any questions they were unsure about or felt uncomfortable answering.

The social care participants were clearly informed that they could refuse to participate or withdraw their participation at any time. The participants on completion of the study gave signature of consent. Confidentiality was maintained throughout the study, by avoiding any distinguishing marks or identifiers on the questionnaires.

3.9 Validity

Patton (2004) posits three main principles to improve content validity and they include the use of a broad sample of content, emphasis on the important material and ensure questions are written to measure appropriate skills.

3.10 Limitations

The limitation to this study consists mainly of the very limited sample frame and of the amount of time given, which means that information had to be given promptly to finish compilation and analysis. Another limitation to look at within this study is that all participants are female and work in the same unit within domestic violence. If the study was larger and more people were interviewed from different units more information would be gathered in relation to the topic that could then be used for a comparative basis.

This greatly reduced the potential findings from a national perspective. The findings here will give an insight of self-care within social care practitioners that work in domestic violence.

3.11 Conclusion

To conclude, qualitative research worked well for the topic of self-care. This study followed the ethical guidelines, ensuring every potential respondent was carefully informed of the research, confidentially and privacy at all times. This section outlines the research design along with the methods employed to collect the data. The researcher gives detail on the reason of chosen semi-structured interviews and the limitation within the study.

The next chapter will explore the findings that emerged from the thematic analysis process and are in line with the aims and objectives for this research process.

4. Results

Pseudonyms names will be used throughout this research project to protect the identity and anonymity of each participant.

Participants	Number of years employed
1 Sandra	One year
2 Rachael	Four years
3 Sophie	Fourteen years
4 Mary	One and half years
5 Jade	One year
6 Orla	Ten years

4.1 Introduction

This section will highlight the results that emerged using an individual semi-structured interview method. The semi-structured interviews explored social care practitioner's working with women in the domestic violence sector, their knowledge of self-care, the types of self-care practiced among social care practitioners and any challenges that affect their self-care. These topics will be identified throughout this result section. The findings will be presented using a thematic analysis technique.

4.2 Emergent themes

The findings will be presented using thematic analysis underpinning the following themes:

Theme 1: Participants views of self-care.

Theme 2: Social care practitioners practicing self-care.

Theme 3: The challenges of practicing self-care.

Theme 4: Supports to promote self-care.

4.3 Theme 1: Participants' views of self-care

Sub-headings:

- Participants' knowledge and understanding of self-care.
- Participants' requiring more knowledge and understanding of self-care.
- The importance of practicing self-care in social care.

4.3.1 Participants' knowledge and understanding of self-care.

All the women who participated in this study recognised the importance of self-care and seemed to be thoughtful in the assessment of their own needs. It was evident from that all participants understood that self-care is important in social care, and how self-care was about looking after them personally. Each participant had their own ideas of what self-care was.

Jade expressed how self-care is about *"taking the time out to unwind from that stressful day"*. Orla spoke about how self-care is about *"making sure you're happy and well."* All the participants commented on how self-care is important especially when the signs are showing on their body and mind.

4.3.2. Participants' requiring more knowledge and understanding of self-care.

However, two out of the six participants stated they did not know enough about self-care to practice it regularly. Sandra commented *"I am all new to self-care, I don't really know much about it. I suppose when I do think about it, my self-care is spending time with my partner, family, and friends and by doing this it does help me a little to take my mind of work, but I have to say some of the horrific story's I have heard can be hard to forget and I do feel the effects on my body and mind".*

Orla stated "*the work is emotionally draining and if you're not 100% yourself it can be an incredible difficult environment to work in. if you are not doing self-care the impact of this can be quite negative on you as a person. You definitely couldn't do your job. properly and with the amount of traumatic episodes to deal with this is going to affect you in work and at home as well as having a negative impact on your life.'*

4.4. Theme 2: Social care practitioners practicing self-care

Sub-headings:

- Types of self-care practiced by participants.
- The importance of practicing self-care.
- The benefits of practicing self-care.
- Practicing self-care provides a sense of happiness for practitioners.
- Practicing self-care positively influences practitioners' work and prevents burnout.

4.4.1 Types of self-care practiced by participants'.

Participants spoke about ways in which they practice self-care. As each professional in social care experience the stressful situations in their work differently, participants expressed how they would practice self-care in various ways.

Jade stated *"I do find when I get home from work, stuff would still be playing on my mind. I try to offload this by going for a walk or watching some television. I definitely need to practice more"*

Racheal; "*Yes, I do practice self-care, it depends on the kind of day I have had or the days that are planned to come. So, if I have had a very stressful day or week I would go for walks. When I finish work I would come home and shake the day of by having a nice long shower and try wash of everything that has happened throughout the day to try and leave work behind. I look at my personal life and I don't involve my work with my personal life. I meet family and friends on my days off and they help me take my mind of a lot of things. My younger sister makes me smile quite a lot and that helps me with my self-care.*

I do things like shopping, I do things that make me feel good I obviously can't talk to my family about what I am thinking as it is issues with work, so I find writing my thoughts down and rereading it can really help me relax more"

Sophie spoke about how she would self-care each evening "*especially in the summer months there is no excuse, the evening is brighter. My self-care is personal private time which is my space my quite time, I like to read a book in a quiet room or do puzzles books.*

When I focus on puzzles everything from work leaves my mind and I just focus on the little squares. My next type of self-care is cooking I love to cook. I am at my happiest when I am cooking for family and friends. I unwind when cooking and having a glass of wine, listening to music. I do try to start my self-care when I leave work by listening to the music in my car on the way home"

Mary; *"I do and try and engage in mindfulness as much as I can I find that beneficial".*

4.4.2 The importance of practicing self-care.

The social care participants all appeared to view self-care as important within social care due to the stressful nature of the domestic violence sector. All participants made comment on how it is important to be one hundred per cent when working within social care especially when working with women who are in extreme crisis.

Jade spoke about how important self-care is in social care, *"the work in social care can be very mentally and physical straining, it you don't self-care you just can't give your full attention to someone else".*

Sandra stated that self-care is important within social care*, "Social care positions can be very stressful. The kind of work I do supporting women who experienced extreme domestic violence can cause vicarious trauma and cause me to burn out from the constant support I provide. I am very empathic towards the Woman so this has to have an effect on me".* According to (Howard, 2008) stress happens when the individual is faced with threatening situations and does not feel able to cope effectively.

Sophie also emphasised the importance of self-care. Sophie documented that to provide a quality service for her clients she must be able to take care of her own needs first. "*Yes, self-care is so important within social care, you have to self-care or your no good to anyone else.*

Sophie emphasised that self-care is important to provide quality of care to the clients.

Similarly, Mary stated the importance for self-care in her practice. "*I do believe self-care is important in social care. It is so important to be able to take yourself away from a situation you might be facing at work. We are human at the end of the day and it can be very difficult when in the caring profession to be able to separate yourself from a difficult situation. Some of the situations I have faced with in work have been very turmoil*".

4.4.3 The benefits of self-care.

Participants stated that using self-care has brought some benefits to their work life particularly in terms of their health and wellbeing. Participants expressed how self-care is important especially when the signs are showing in terms of their mental and physical state.

Sophie "*If you're not minding yourself, you couldn't possibility be in the best positions to advise your clients about what's best for them in any supporting way or supporting the staff when needed*"

Sandra; "*I feel self-care would benefit your mental health and it helps with your body and mind. It's good for your mind to be clear. You're no good to anyone else if you're not your best person. The physical health benefits will really make you feel good and fitter also inside*".

Orla; "*A big part mental health wise I think is by allowing you to self-care you are allowing yourself to completely switch off from work and completely detach. The family and clients we work with in this job can be quite heavy and it could easily take over, so you need to detach from that complete when you leave work, a good way to do that is by been nice to yourself. Focusing on just you. It's good for your mental health to be able to switch off from work, to recharge the batteries to go back into work fresh. So, I think I'd definitely benefits your health*"

Jade*; I am much more relaxed when I practice self-care, I feel calmer at work and I can give the clients my full attention. I think self-care really benefits my mental state. I support women who have been through a serious amount of trauma, so I find the mental aspects of the work can be very draining*"

4.4.4 Practicing self-care provides a sense of happiness for practitioners.

Participants identified that in order to have a sense of fulfilment in their work, they must be happy. Self-care contributes to their happiness.

Rachael expressed the importance of personal happiness *"self-care is a way of finding this happiness, because you are just focusing on yourself. When I go home I actually feel good when I know I can have a shower and just relax with my partner"*

Similarly, Orla spoke about how self-care can really make you feel happy and relaxed. "*It really benefits the work that I do"* Orla continued to talk about "*if you don't feel happy within yourself you will not feel happy within your work,* she then continued talking about the type of work she does within the domestic violence unit. She explained *"it is very easy to start feeling unwell and unhappy within the job if self-care is not practiced".*

4.4.5 Practicing self-care positively influences practitioners work and prevents burn out.

Participants emphasised that practicing self-care does enhance the quality of work they can provide to clients who are in need of their support.

Sandra; "*if you manage self-care good enough you are fresh minded in work".*

Sophie; "*when we are supporting women, we come across some horrendous stories which can cause some anxiety and stress on me. I find regular self-care helps me relax and I am much more mindful of what I am taking on board".*

Mary; *"regular self-care keeps me calm and more aware of my actions and responses. In this area of work, I have to really look after myself because I would burnout in no time"*

Mary also stated; *"some of the little technics I have learned through mindfulness, I would be able to pass on to my clients when they are feeling anxious and a lot of stress. I would remind them of their breathing and it helps them relax at times. It really does benefit me. Orla; self-care helps workers from becoming burnout with in social care. It is impossible to detach yourself when you're not switched off. You're never going to be 100% coming into work but at least with self-care you're able for a standard of quality of care. Self-care also benefits family life, as it can be hard to just totally forget all the crisis situations you have come across and that has to read on a person at home.*

4.5 Theme 3: The challenges of practicing self-care.

Subheadings:

- Difficulty practicing self-care due to practitioners' long and inconsistent working hours.
- Demands placed on the social care practitioners in the domestic violence setting.
- Practitioners balancing work life, family life and self-care.
- Management not taking the self-care of practitioners seriously.

4.5.1 Difficulty practicing self-care due to practitioners' long and inconsistent working hours.

Participants expressed how there are some challenges in relation to practicing self-care due to their working hours. As the practitioners' rostered hours can be inconsistent, it can be a challenge to practice self-care due to their unstructured routine.

Sandra stated "*After I do 12 hours shifts I wouldn't always feel up to doing self-care, the 12 hours shift can be very challenging when it comes to self-care. Its late when your home and your tired and you don't feel like doing anything. The night shifts are live nights so when i get home you sleep.* Orla went on to state "*the 12-hour shifts make me feel emotional drained and tired, it takes two days to get back to normal and to be completely detached from work. It's only then I can practice self-care*". Sophie stated she feels she could do more self-care. "*Myself and my colleagues often talk about the importance of this topic and how we should practice it an awful.*

4.5.2 Practitioners' balancing work life, family life and self-care.

Mary has emphasised that due to the stressful nature of her job she must keep her work and home life separate to practice self-care "*For me the key is to be able to separate myself from what goes on within the walls of work and my home life. Work can't be your problem when you are at home. Getting tips from co-workers can be very relevant, what works for some people might not work for others.*

Practicing helps develop yourself and helps develop professionally within the career of social care".

Orla; Self-care also benefits family life as it can be hard to just totally forget all the crisis situations you have come across and that has to read on a person at home. Sophie talked being very fortunate in her home life. *"My partner is aware of victim support, so he aware of the role I do. He understands the restraints with confidentially and knows and I cannot talk about my work at home. Having his support is huge to my self-care. I am very fortunate that all the general housework is done when I get home, so I don't have that to do as well. When I get home it's about me, and that takes a huge amount of pressure of me, this alone makes a huge difference"*

Jade; *"It is very hard to get the time to do self-care properly when you're working in a job that can be mentally draining and you're going home to family life it can be very hard to get the balance right "*

Sophie*; when time is restricted for self-care due to the long shift work;* I have to be through to myself. You can't always be feeling 100% as everyone has bad days. There could be things going on in your private life that you shouldn't let impact on your work but sometimes that impossible, you may not be feeling to well and it's about disassociating these reasons from your work. If you're not minding yourself, you couldn't possibility be in the best positions to advise your clients about what's best for them in any supporting way or supporting the staff when needed".

Orla also expressed how she likes to do something nice for herself and her family when she is not working. "For me this can be something simple like watching movie with my kids and getting a takeaway. This is my treat at the weekend after a hard week's work. I unattached myself from work this way, with three small children I wouldn't get time to do anything else. I enjoy resting by having an early night and this works for me. It reboots my body after a tough few days at work".

4.5.3 Management not taking the self-care of practitioners' seriously.

Orla spoke about the lack of understanding from the management partially when she is on call. Orla emphasised how there is no appreciation of the impact it has on your personal life. *"When I go home of weekend or an evening and I am on-call I am not actually off because I am on call. I think there is a misunderstanding of what on call is and how seriously that has to be taken. I can't go home and say I am going out for the night. We don't get any gratitude or anything for the on-call its part of the role and I except that, it's not that I would never be there for the staff, but I feel there is no appreciation of the impact that does have on my self-care"*

4.6 Theme 4: Supports to promote self-care.
Subheadings:

- Organisational Supports.
- Training on self-care.
- Recommendations to promote self-care.

4.6.1 Organisational Supports

Sandra*; the organisation promotes self-care in ways by asking such questions such as "are we coping alright" and would often give tips to help cope with the stress like journal writing, taking a day off if required this would be done through supervision.*

> Mary; *"external supervision is offered if outside supports was requested. Also, there is a counselling service, but I have never used it. I personally don't benefit from counselling as I have seen one in the past, they would often say to go for a walk on your break when they can see you need to leave to clear your head"*

Mary went on to say that there is not enough emphasis is on self-care in social care positions and it is something that should be practiced*. "I have never been asked am I doing anything on self-care in supervision and I do believe this should be encouraged".*

Jade expressed how she feels that the employers are very good at supporting staff in supervision and in support sessions. "*If you feel you're not up to speed with something. They do promote that you take time out when needed and that you do look after yourself*".

Orla; *one thing with this company is they are good for time off. If time off is needed for whatever reason for example appointments or just annual leave I feel completely support by that. When the staff engage in handovers it is almost like a support session, as staff tend to debrief each other and that incredibility supportive. It works that staff pass on everything that happened on the shift and there is plenty of time to listen and talk. It really helps detach by sharing that information with staff. We also have a counselling service, I haven't used in a long time, but you can go for external supervision. I haven't had structured formal regular supervision in the company for about 10 months.*

4.6.2 Training on self-care

All the participants stated they never had any training on self-care. However, Sophie felt that if some workshops were put in place such as mindfulness classes she felt this would benefit the team. Orla stated she doesn't *"feel this would be an issue with senior management"*.

4.6.3 Recommendations to promote self-care

Sophie stated she thinks more awareness on self-care should be brought into supervision. Mary stated it's hard to put it down in black and white on paper she felt from a managers and employees point of view *"it should be looked at as a team to see what people are interested in"*. She felt that there was a lot of information about the topic so it's about recognising it what each person interest would be.

Jade felt self-care should be promoted more. "*I feel there should be one module alone to learn the different technics of self-care, so we could reflect back and then say I now know why I have to do this self-care when I am in the working field*".

Orla; "*I think by promoting self-care it would be really important to start in collage it would be an idea to have it as a module in class so young people who are in collage who are just starting out in social care that they are aware of the importance of self-care and start it from the get go. For example, learn it in collage and practice it in work placement and in work. It's important from day one that you know that you need to mind you. In social care people are just expected to get on with it and when you are in social care for a long time you can kind of forget and social care really does impact on people's lives and can be a tough area to work in, so self-care is important*".

4.7 Conclusion:

This section has highlighted the results that have emerged from the six semi-structured interviews that have been conducted with social care practitioners working with victims of domestic violence. Thematic analysis has been conducted in order to determine the following themes:

Theme 1: Participants' views of self-care.

Theme 2: Social care practitioners practicing self-care.

Theme 3: The challenges of practicing self-care.

Theme 4: Supports to promote self-care.

The results have indicated that although participants are aware of the importance of practicing self-care and the benefits it can bring in terms of their work performance, lifestyle balance happiness and health benefits practitioners have indicated that it can be a challenge to practice self-care due to the inconsistencies in their working routine. Participants have indicated that the 12-hour shift work is a challenging part of their everyday life therefore resulting in participants neglecting their own self-care. The results have also indicated that management do not encourage their employees to practice self-care eliminating what should be a positive aspect in any organisation.

The next section will provide a discussion surrounding the existing body of literature from section two in line with the results section above.

5. Discussion

5.1 Introduction

This section highlights the key findings of this study that transpired from the result section and linked these results to the existing literature.
The purpose of this section is to discuss the findings that occurred from the results section and relating these results to the existing body of literature. Finally, an outline of the limitations of the study is offered and some recommendations for further research.

This section will be laid out according to the objectives of the study to verify that they have all been adequately measured:

1.   To determine social care practitioners understanding of self-care.
2.   To determine social care practitioners' practice of self-care
3.   To identify what supports the organisation has in place to promote self-care.
4.   To identify the challenges regarding the practice of self-care.

5.2 Theme 1: Participants views of self-care

Sub-headings:

- Participants' knowledge and understanding of self-care.
- Participants requiring more knowledge and understanding of self-care.
- The importance of practicing self-care in social care.

5.3 Theme 2: Social care practitioners practicing self-care

Sub-headings:

- Types of self-care practiced by participants.
- The importance of practicing self-care.
- The benefits of practicing self-care.
- Practicing self-care provides a sense of happiness for practitioners.
- Practicing self-care positively influences practitioners' work and prevents burnout.

5.4 Theme 3: The challenges of practicing self-care.

Subheadings:

• Difficulty practicing self-care due to practitioners' long and inconsistent working hours.

• Demands placed on the social care practitioners in the domestic violence setting.

• Practitioners balancing work life, family life and self-care.

• Management not taking the self-care of practitioners' seriously.

5.5 Social care practitioner's knowledge of self-care.

Objective one, investigated social practitioners that works in the domestic violence sector knowledge of self-care.

The ethical guidelines for the Irish Association for Social Care Workers in Ireland state that SCP must present themselves for duty in a fit state mentally and physically for work. (IASC,2012, para 7). CORU went on to state that professional health regulators must practice professional development and know the importance of one's own personal growth, this includes personal skills such as self-care. This is important for the topic of self-care, because if the social care practitioners are not looking after themselves they cannot give 100% to others.

Social care practitioners that work in the area of domestic violence, utilize themselves in the social care practitioner/client relationship to help the client to find new ways to cope with challenges that is causing traumatic stress to them. Bressi et al, (2007) noted that professional self-care is a process of purposeful engagement in the practices that promote holistic and well-being of the self.

The results support Barlow and Phelan, (2007) theory that therapist need to take time for themselves to self-care. All the participants from the findings agreed they need to take time for themselves as this is done as part of the self-care plan.

5.6 Participants requiring more knowledge and understanding of self-care.

Two out of the six participants stated that they did not know enough about self-care to practice regularly. They went on to talk about how they understood there is a need for it but felt they only done something for themselves when the signs are showing such as feeling drained and stressed. The participants suggested that self-care should be a topic that is considered more.

5.7 The importance of practicing self-care in social care.

The Social care practitioners that took part in this study all agreed self-care is important to practice when working in the area of domestic violence. The reasons for this are that the participants see the social care positions as stressful and mentally and physically straining. It was stated, it is important to be 100% when supporting woman who have experienced extreme trauma and how you have to be able to take yourself away from situations that you are facing in work.

No studies where found on the importance of self-care in the social care sector, however studies in the social work department have stressed the importance of self-care (NASW, 2009). The author believes this is a serious topic that has a major effect on social care practitioners. Self-care avoids triggers of health problems that can be caused by excess stress.

5.8 Theme 2. To determine social care practitioners practice of self-care

Sub-headings:

- Types of self-care practiced by participants.
- The importance of practicing self-care.
- The benefits of practicing self-care.
- Practicing self-care provides a sense of happiness for practitioners.
- Practicing self-care positively influences practitioners' work and prevents burnout.

5.8.1 Types of self-care practised and the benefits.

Richards et al (2010) indicated that self-care practices improve well-being and made note of the various categories of self-care which include physical, psychological, spiritual, personal and professional support. It has been stated that this regulates the body and mind through good sleeping patterns, healthy diet, and Regular exercise, building supportive relationships with friends and family and resting and relaxing (Lee and miller, 2013, Newell and Nelson-Gardell, 2014). The findings from the study revealed that the social care practitioners do like to spend quite time alone to rest and relax whether this could be reading a book or having a nice long shower. Rest helps to contain any stress from work. Rest can be just sitting, lying, and relaxing in a quiet place where you are not working.

Findings also found that the participant's enjoyed spending time with family and friends and had built a supportive network that was part of the self-care plan. One participant spoke about engaging in mindfulness.

Research has found practicing mindfulness meditation leads to increasing positive thoughts and decreases anxiety and negative attitudes (Hoffman et al (2010). The participant stated she would often use the tips she uses in meditation on her clients to help with their anxiety. Other studies found that meditation increases awareness and coping strategies (McGarrigle and Walsh,2011).

Participants stated that self-care has brought some benefits to their work and how it really benefits their mental health which according to the (WHO, 2011). Mental health is a state of well-being that happens when individuals cannot cope with stress.

5.8.2 Practicing self-care provides a sense of happiness for practitioners.

In order to have a sense of fulfilment in work the participants agreed they must feel happy. Psychological well-being PWB represents a lasting happiness that spreads through to an individual's emotions and behaviours. (Myers and Diener, 1995; Siahpush et al, 2008) stated that people tend to be more self-focused, forgiving, energetic, and creative and are less likely to become sick. Happiness allows for the participants to be fit and resilient within the working environment.

Diener (2000) found that people of every country in the world indicated that happiness was the most important quality of life to attain which tends to leave people more self-focused, forgiving, energetic, and creative and are less likely to become sick. In order to feel happy, it is important to be aware of your emotions. Self- care is an essential part of a healthy lifestyle that keeps us healthy, happy, and more in-tune with our minds and bodies.

5.8.3 Practicing self-care positively influences practitioners work and prevents burnout.

Self-care has many advantages in the influence of the practitioner's work. Participants emphasised that practicing self-care does enhance the quality of work they can provide to clients who need their support. One of the participants stated she is more mindful of the information she is taken on when she self-care. While others spoke about how self-care helps with their self-awareness and responses and if they did not self-care they felt they would burnout easily with the type of work that they do. The participants stated that when they are supporting woman who are experiencing extreme domestic violence, that it can affect them in many ways, such as vicarious trauma and burnout which happens from the constant support that is provided when working with trauma victims of domestic abuse. Pearlman and

Saakvitne,(1995) stated that vicarious trauma is experienced when the workers do continues empathic engagement with the clients. An Irish study highlighted that 32.1% of social care workers felt burnout form emotional exhaustion. Research has clearly demonstrated the importance of self-care from the professional's point of view.

5.8.4 Organisation supports to promote self-care.

Research has demonstrated that good supervision is associated with job satisfaction, commitment to the organisation and retention (HSE, 2015). According to (Pross,2006; Wheeler,2007) regular supervision, training and opportunities from the organisation promotes self-care.

Supervision is beneficial to both the practitioners and managements as it gives opportunities to reflect and develop. It is important to provide opportunities for reflective supervision Continuous support in regular supervision prevents practitioners from becoming stressed feeling burnout or having affects such as compassion fatigue or vicarious trauma. 4 out of the 6 participants stated they have had regular supervision and one stated they had none in the last 10 months. External supervision and counselling is offered also and time off if required.

There seems to be a lack of supervision for management in the organisation. Research has shown that the impact of the outcomes of supervision seems is rarely investigated (Carpenter et al 2012). However, Pross (2006) states there needs recognition and value given to workers when they are working with clients dealing with trauma. All participants stated they have never had any training on self-care.

5.8.5 Recommendations to promote self-care.

All the participants suggested that self-care must be promoted in social-care to allow the social care practitioners to become more aware of the topic. In the case of supervision, it was suggested self-care could be promoted this way. Other suggestions stated that self-care should be thought in the academic year as a topic before the students proceed on to the working field.

5.9 Theme 3. To identify what supports the organisation has in place to promote self-care.

The challenges of practicing self-care.

Subheadings:

- Difficulty practicing self-care due to practitioners' long and inconsistent working hours.
- Demands placed on the social care practitioners in the domestic violence setting.
- Practitioners balancing work life, family life and self-care.
- Management not taking the self-care of practitioners seriously.
- Preventing burn out.

5.9.1 Difficulty practicing self-care due to practitioners long and inconsistent working hours.

Participants expressed how there are some challenges in relation to practicing self-care due to their working hours. Participants are rostered for twelve-hour shifts that consist of day shift and awake night shifts, it can be a challenge to practice self-care due to long working hours. The participants stated that after the 12 hour shifts especially the night shift can take two days to recover from for example if I finish work at 8 am on a Monday I rest for few hours when I get home, but it does take me till the Tuesday evening to start feeling right again.

5.9.2 Demands placed on the social care practitioners in the domestic violence setting.

Participants expressed how there is some challenges in relation to practicing self-care due to their working hours. As the practitioners' rostered hours can be inconsistent, it can be a challenge to practice self-care due to their unstructured routine. The participants stated that the shift work, especially the night shift can take two days to recover from.

Work related stress is caused when the individual is unable to cope with the demands placed on them in work (HAS, 2016).

5.9.3 Practitioners balancing work life, family life and self-care.

Research from the HSE state life can't be all work and no play and that it is important to balance our lives. As well as doing something we enjoy such as hobby.

Participants had stated that self-care can be restricted due to the long twelve hour shifts at work. "If I can't give myself proper time to do self-care, I don't do it" for me its about doing it right, quality over quantity. Not doing it right or getting interrupted means your self-care is not working.

Mary went on and spoke about having to keep the balance right and keeping work and home life separate. She then went on a stated work cannot be your problem when you are at home. Mary has emphasised that due to the stressful nature of her job she must keep her work and home life separate to practice self-care "For me the key is to be able to separate myself from what goes on within the walls of work and my home life. Work can't be your problem when you are at home. She then went on to state that her partner is very supportive and finds this really helps her. I am very fortunate that all the general housework is done when I get home, so I don't have that to do as well. When I get home it's about me, and that takes a huge amount of pressure of me, this alone makes a huge difference". Mary also stated she would ask co-workers for tips on self-care as she finds this helps her develop.

Jade; "It is very hard to get the time to do self-care properly when you're working in a job that can be mentally draining and you're going home to family life it can be very hard to get the balance right "

5.9.4 To identify the challenges regarding the practice of self-care.

All participants agreed that the shift work can be a challenge, and this does affect their self-care. Mary spoke about how the on call can be extremely challenging when on call. This affects self-care due to being tired and interfering with the on-call persons social life.

5.10 Conclusion:

This section has provided a discussion in relation to the themes that emerged from the results section using thematic analysis in terms of participants views of self-care, social care practitioners practicing self-care, the challenges associated with practicing self-care and organisational supports to promote self-care. Such findings were also linked in with the existing body of literature from section two.

The next section will include a conclusion followed by recommendations for future research

6. Conclusions and Recommendations

On conclusion of this study of self-care with social care practitioners working in domestic violence. This author recommends the following that are outlined below.

1. Social care practitioners must realise that self-care is an essential component of their professional development and day-to-day work.
2. Social care training programmes must have specific modules on self-care and burnout.
3. All work environments should create in-service training programmes on the themes of self-care and burnout that staff must attend at least one annually.
4. Domestic violence work environments bring with them, certain cultures and, therefore, cultural nuances should be actively explored in college programmes.
5. Specific self-care programmes should be initiated in work environments separate to training. There should be a variety of these made available to ensure participation.

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Connect & Discover

Appendix A

An Evaluation of Social Care Practitioner's Knowledge and Practice of Self Care while Working with Women Victims of Domestic Violence.

Hello,

I am doing my research for Master's in child and youth studies in Athlone institute of technology and I would like to know if you could help me with a piece of my research please. The purpose of my study is to explore social care practitioner's knowledge and practice of self-care.

My research will be used to learn more about the options and views of self-care and to understand the importance of this chosen topic. If you agree to participate in my research study I will include for you my interview process.

It is entirely your choice to get involved and if you do agree to take part you can withdraw at any time if you feel the need to do so. The interview will last no longer than 40 minutes to 1 hour and I will ask you as residential care workers, your experiences and thoughts of self-care to date. If you do agree to take part of my research study, the information will be treated with the strictest level of confidentiality. Your name will not be presented in my study and for my interview process I will ask your permission to allow me to record the interview. If you do not feel comfortable with me recording the interview I can write down what you say in the interview.

I really appreciate you taken the time to read he above information and considering taking part in my research study. I have attached a consent form for participation in the interview and for the interview to be taped. If you agree to participate, please sign the consent form attached.

Thank you

If you have any questions, please do not hesitate to contact me on:

Phone: 0879880875

Email: A00199875@STUDENT.AIT.IE

Appendix B

Athlone Institute of Technology

Consent Form

Dissertation Topic:

An Evaluation of Social Care Practitioner's Knowledge and Practice of Self Care
while Working with Women Victims of Domestic Violence.

Name: Amanda Mc Manus

Phone: 087-9880875

Email: A00199875@student.ait.ie

Please initial box

1. I confirm that I have read the participation information sheet
   For the above study and have had the opportunity to ask questions.

2. I am satisfied that I understand the information provided and have
   Had enough time to consider the information.

3. I understand that my participation is voluntary and that I am free to
   Withdraw at any time.

4. In signing this consent form I _____agree to volunteer
   to participate in this research study being conducted by Amanda Mc Manus

5. I understand that I will participate in a recorded interview with the
   Researcher on the agreed topic.

6. I understand that a written transcription of the interview is available
   to me on request.

7. I grant full approval for the use of the above information, including
   Publication and conference presentation on the full understanding that

   My anonymity and confidentiality are preserved.

_____   _____   _____

Participant   Date   Signature

_____   _____   _____

Researcher   Date   Signature

Appendix C

Self- Care:

The knowledge and practice of Self-care among social care participants.

- **To determine social care employees understanding of self-care**

- **To determine social care employees practice of self-care.**

- **To identify what supports the organization has in place to promote self-care.**

- **To identify the challenges regarding the practice of self-care.**

Background Detail's

- Age

- Gender

- How long are you employed within the organization?

To Determine social care employees understanding of self-care

Participants views of self-care in social care, the impact of self-care in social care.

- What do you understand about self-care?

- Do you think self-care is important within social care?

- In your opinion should social care practitioners practice self-care?

- In your experience, has self-care impacted in your work?

- Do you think if you practice self-care more regularly would it influence your work?

- Do you think self-care has Disadvanges?

To determine social care employees practice of self-care.

Participant's practices of self – care.

- Do you practice self-Care?

- How has self-care benefited you within social care? For example, Better sleeping pattern etc.

- Do you think you spend enough time on self-care?

- What do you feel about the Health benefits of self-care?

To identify the challenges regarding the practice of self-care.

- What do you think are the challenges regarding the practice of self-care?

To identify what supports the organization has in place to promote self-care.

- In your opinion, how does your employer promote self-care?

  For example, supervision, employment assistant program.

- Have you attended any training on self-care?

- Do you have any recommendations to promote self-care?