

**Social Work Wellness: Integration of Physical Activity to Promote Health and
Wellness among Social Workers**

**National Association of Social Workers
North Carolina Chapter**

Position Statement

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I. Problem Defined: Social Work Burnout and Negative Health Risks

Research suggests that social workers are at a higher risk of work-related stress, burnout, and a lower quality of life compared to the general population and other health professionals (Lloyd, King, & Chenoweth, 2002). The primary mission of the profession calls social workers to enhance the well-being of all people with particular attention to basic needs and biopsychosocial functioning of marginalized populations (NASW, 2012). Thus, a greater emphasis is placed on the well-being of society's most vulnerable, disenfranchised individuals and communities which exposes social workers to higher levels of prolonged stress and vicarious trauma among comparable health and human service professionals (Lloyd, King, & Chenoweth, 2002). Prolonged exposure to stress may lead to job dissatisfaction, lowered sense of self-efficacy, low morale and motivation to work, lack of self-confidence, and high turnover rates (Lloyd, King, & Chenoweth, 2002).

Much of the stress involving social workers appears to be rooted in the profession's values and fundamental focus on casework (Lloyd, King, & Chenoweth, 2002; Bennet, Evans, & Tattersall, 1993). Casework involves working with abused and neglected children and adults, chemical dependency and addiction, terminal illness, homelessness, and interpersonal & domestic violence among other sensitive and difficult situations (Bennet, Evans, and Tattersall, 1993). Exposure to such traumatic situations increases susceptibility of vicarious (i.e. shared stress) trauma and the risk of developing symptoms of depression, anxiety, irritableness, and poor interpersonal & family relationships (Lloyd, King, & Chenoweth, 2002). Social workers typically have large caseloads and value social justice and equality. In an effort to enhance the well-being of all clients through policy-practice, advocacy, and therapeutic interventions, greater physical, mental, and emotional stress eventually leads to reduced self-care interventions along with a lowered quality of life. The profession's stance on social justice within the context of highly stressful caseloads (and environments) may cause social workers to engage in negative health behaviors (i.e. poor nutrition, reduced social ties, and physical inactivity) that eventually affects their own quality of life and practice effectiveness.

The extent of distress experienced among social workers is underestimated (Lloyd, King, & Chenoweth, 2002), and has potentially negative consequences on the profession at-large. Seasoned and new social workers are in danger of leaving the profession due to poor quality of life and general feelings of anhedonia. Prolonged exposure to stress may increase susceptibility to chronic diseases, such as physical and mental health conditions, and reduce overall quality of life. An understudied but relevant issue is the role healthy behaviors (i.e. stress management, physical activity, and healthy nutrition) has on social worker wellness and quality of life. Social worker wellness measurements may consist of social, spiritual, emotional and cognitive factors, activities of daily living (ADL), and physical health (Gill et al, 2015). This integrative approach to quality of life provides a quantifiable method to measure and address social worker wellness. Research studies on evidence-base interventions to improve social worker wellness may inform policy recommendations regarding the promotion of social worker wellness and quality of life.

II. Social Work Wellness' Connection with the Profession's Value and Mission

According to the National Association of Social Workers' Code of Ethics, "the primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (NASW, 2012). Social workers focus on "individual well-being in a social context and the well-being of society", and attend to "environmental forces that create, contribute to, and address problems in living" for all populations (NASW, 2012). These efforts are realized through core values of service, social justice, dignity and worth of the person, integrity, competence, and importance of human relationships. Core values upheld by social workers helps to support the mission of the profession by working as guiding principles for all levels of social work engagement and practice (NASW, 2012).

While the field has primarily focused on quality of care provided to others within a social context, this paper will examine the significance of social work wellness within the context of the social work mission. When social workers attend to their own wellness by reducing various negative health risk factors, social workers may be able to more effectively address the well-being of marginalized populations and society at-large. Essentially, social work's mission may be most actualized when social workers engage in healthy behaviors, such as healthy nutrition and regular physical activity, which helps to increase self-efficacy and energy levels; enhance mood states and stress management capabilities; provide opportunities to increase social connections; and may reduce the risk of burnout.

Little is known about social work wellness. Both seasoned and new social workers are exposed to high levels of stress that leads to burnout, reportedly experiencing symptoms of emotional and physical exhaustion that often leads to depression and anxiety. Family and interpersonal relationships are negatively affected, and the risk of developing physical health problems are increased substantially. Vicarious trauma, long work hours, and compassion fatigue have been contributed with social work burnout. High levels of sedentary, physical inactivity may compromise social work health issues, exacerbating burnout and general physical/mental health problems.

Clinical effectiveness and treatment is not only comprised, but the sustainability of the profession is at-risk due to the volume (*and intensity*) of social workers who are simply "not well". Previous studies suggests regular physical activity improves health and wellness indicators immediately for some populations, and in less than 6 months for others. Is there a significant difference in Social Work Wellness between individuals who engage in the daily recommended amount of physical activity compared to individuals who are sedentary? How much does physical activity contribute to social work wellness over the course of one's career? The benefits outweigh the risk.

III. Rationale for Physical Activity Programming for Social Workers

The *rationale* is that increased physical activity levels promotes social work wellness by reducing negative health risk factors and creating positive biochemical, social, and physiological changes (Gillison et al, 2009). By increasing the overall “fitness” of social workers, the profession can employ a strength-based approach to self-care that has historically focused on social work impairment. Rather than focusing on social worker “impairments” that may inadvertently blame (and shame) the victim, we propose the inclusion of solution-focused strategies of wellness-development that improves holistic health. This approach not only introduces evidence-based solutions for *how* to increase wellness, but also normalizes the stressors of the field in a way that builds social workers’ self-efficacy and motivation. Moreover, we may consider increasing wellness as a more affordable approach to self-care initiatives. This proposal is inherently strength-based, aligns with the profession’s core values, and provides contexts for future social work self-care interventions.

It is important to consider the evolving definition of health. [The World Health Organization](#) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 2009). Social work may adopt the World Health Organization’s account of health as a working definition for developing and contrasting the idea of social work health and wellness. While healthcare traditionally tends to focus on the physical--*or mental*--impairments or disabilities of individuals and communities, this definition provides a paradigm shift away from pathological labels to more strength-based, holistic views of total health and wellness. The profession values solution-focused, strength-based approaches where the strengths of individuals are placed within proper context. Rather than working to reverse existing issues of burnout, the profession may consider burnout *prevention* interventions that promotes wellness and protects social workers’ health. This is not intended to undermine our commitment to society’s problems. It is instead meant to affirm our professional responsibility to ensure our own health and well-being is attended to as we diligently work to uphold the profession’s mission by serving others. By engaging in activities that promotes wellness and physical fitness, we also increase important mental, emotional, and social “fitness” factors that supports the profession’s vision.

We all agree “professional self-care” is an important facet of social work practice. Our well-being indirectly impacts those we serve, and may play an important role in how we reduce stress, increase resiliency, maintain hope throughout our career, *and* treat clients and client-systems. The promotion of social work wellness does not compromise our commitment to the profession’s mission; it helps achieve it by forming a bridge between social work practice and self-care. We hold inherent positions of power and privilege. Whether knowingly or unknowingly, social workers are often role models for others. From this position, social workers have the ability to positively influence marginalized populations to make healthy decisions in their own lives by our modeling self-care behaviors. Social trends suggests people are increasingly seeking cost-effective, easily accessible healthcare options that provides long-term benefits. Homeopathic remedies are more popular, and the public’s awareness of the benefits of exercise and healthy nutrition has led to a new exercise “boom”, such as CrossFit, physical

activity apps and gadgets (i.e. Fitbits), and corporate wellness challenges. Professional wellness concepts seem to strongly compliment social work's commitment to social change and empowerment in a number of ways.

IV. **Social Work Wellness impact on Quality of Life**

Wellness exists on a continuum. Common aspects of social work wellness involves: physical health, mental health, social connections, economic vitality, and emotional, spiritual and cultural relationships. Each concept overlaps, providing a bidirectional relationship throughout the lifespan, where changes within one area inevitably creates changes across the continuum. And as we find balance among them all, we help reduce negative health risk factors that potentially compromises our general health and wellness. Conceptually, social work wellness considers the impact of physical activity on multiple wellness indicators. An uptake in physical activity creates positive physiological and mental health changes (Saxena et al, 2005). These changes enhances mood and reduces stress which potentially improves overall quality of life.

Social work wellness may have a direct impact on our ability to address the well-being of others (McLean and Andrew, 2000). Assessment and development of wellness involves a lifelong process of attending to interrelated concepts that collectively affects quality of life and the profession's vision. Physically active professionals may experience lower rates of burnout, increased self-efficacy and empowerment (Gillison et al, 2009), and motivate fellow social workers (*and clients*) to engage in healthy, physically active lifestyles. Exercising with others is especially beneficial. Strong social ties, safety, motivation and support are found in wellness groups. Members are able to encourage others through various challenges and provide helpful diet, nutrition, and physical activity tips. We are able to see a complimentary relationship between the profession's mission with social workers' commitment to wellness development. Social workers who are healthy and "well" may experience more job satisfaction, reduce absenteeism and turnover rates, have less physical health problems and create a new model of practice in which quality care of others is balanced with self-care.

A simple, yet comprehensive approach to wellness must be established to ensure all social workers are able to enjoy healthy lives as they advocate for others' quality of life. Much of the social work literature involving wellness has centered on client and community wellness. Wellness modalities has allowed social workers to address holistic health issues for clients with various mental health conditions, as well as providing a framework for macro social work initiatives such as community organizing, advocacy, and policy practice. Continued research is needed to examine the role physical activity interventions has on the health and wellness of social workers. More specifically, the relationship between social work physical activity levels and the productivity, cognitive-emotional processes, clinical judgement and effectiveness, and career longevity of those who practice within the profession should be examined in future studies.

V. Benefits of Physical Activity

[The U. S. Department of Health and Human Services Physical Activity Guidelines for Americans](#) provides a viable blueprint for how to improve health and wellness with various forms of physical activity. It is free to the public, and is one of the most robust evidence-based tools the federal government has developed for advocating increased physical activity levels for Americans. It was recently revised to reflect current research; revisions now include clear guidelines for “best practice” interventions for promoting health of special populations. Regular physical activity is essential for all ages, including children, adolescents, and adults. Older adults ages 65 years and older gain significant health benefits from regular physical activity, and these benefits continue to occur throughout their lives (DHHS, 2008). Promoting physical activity among older adults is especially important due to disproportionately higher levels of physical inactivity of any age group (DHHS, 2008).

Research in both clinical and non-clinical settings have shown various forms of physical activity have immediate and long-term benefits on wellness, stress management, and as a buffer to vicarious trauma (Ripco, 2002). Individuals who perform regular, planned physical activity may experience enhanced mood, increased psychosocial functioning, and improved cognitive functioning. Early mortality risks linked with physical inactivity has been shown to improve with regular exercise, healthy diets, and stress management. Negative health risk factors such as obesity, high blood pressure, adverse blood lipid profiles, type 2 diabetes, and poor sleep quality are lowered (World Health Organization, 2009). Some neurodegenerative conditions are improved, and the development of certain cancers may be avoided. Most studies have primarily examined the role of aerobic exercises. Studies suggests aerobic exercises such as brisk walking, jogging, cycling, elliptical training, stair climbing or hiking improves neurological, physiological, and some skeletal functioning. Even when genetic influences, socioeconomic status, gender, and geographic location was adjusted, the outcomes remained consistent.

Researchers have also found resistance training and mindfulness practices, as seen in strength training or yoga, may be as equally effective for reducing health risk factors and improving health and wellness. Older adults and individuals with disabilities benefit from routine physical activity, as well. Older adults who engage in routine exercise lowers the risk of falls and fractures; increase bone density, balance and muscle strength; have improved cognitive functioning; and may prevent premature death. In fact, some studies have shown the risk for premature death decreases as physical activity levels increase.

Many seasoned social workers succumb to the stressors (and systemic dysfunction) of mental health, in general, and new social workers report feeling “unprepared” to manage its never-ending changes. Ongoing supervision, peer-support, and continued education have been shown to effectively help social work professionals in a variety of ways. However, additional measures to promote health and wellness of practitioners is needed. ***Therefore, the purpose of this position statement is to advocate social workers to increase physical activity levels as a viable, cost-effective adjunct intervention for the promotion of health and wellness.***

Many gyms may be intimidating to individuals with little to no experience with exercise or planned physical activity. In addition, there may be confusion regarding the dose-response (i.e. recommended amount) and type of exercise that is most beneficial for improving wellness. Positive health changes occur during house chores, yard work, and other “labor-intensive” jobs that requires moderate to vigorous efforts. Evidence suggests even small amounts of physical activity improves health, especially for sedentary individuals who begin physically active lifestyles. For most populations, 150 minutes (i.e. 2.5 hours) of moderate to vigorous physical activity (MVPA) on a weekly basis is ideal. Some physical activity is obviously better than none. But it appears that MVPA performed regularly, even in small incremental doses (i.e. 15 minutes at a time) that are spread throughout the day or week improves health and wellness. A gym and a personal trainer is not required, and many social workers can integrate various physical activities into work and home environments.

Research conducted on physical activity benefits from related fields may support social work’s quest for increasing wellness programming. Extensive research has been conducted to better understand the role physical activity initiatives has on burnout, cognitive-emotional health, work-related (and situational) stress, along with improving overall quality of life. The social work field should consider utilizing this research in a way that helps all social workers develop healthy lifestyles, and as a reference for formulating research questions and observations relevant to the social work profession. This may provide a stronger, more informed foundation for continued research on the role physical activity has on social work wellness and practice-effectiveness. Cross disciplinary collaborations may also lead to new, unrecognized research that supports the use of moderate-to-vigorous leisure physical activity for improving wellness. Physical activity guidelines recommended to general and special populations may lead to positive changes among social workers and the profession at-large.

VI. Social Justice Implications

Both new and seasoned social workers are calling for social action. Our inherent steps to attain wellness throughout the profession may lead to an action-oriented approach that indirectly supports our stance on social justice. Recent findings suggests a person’s environment and living conditions (i.e. accessibility, availability, economic and social justice, and the overall structure of their surrounding) facilitates or limits physical activity levels, and hence, their health and wellness. This highlights the “person-in-environment” social work focus. As social workers trained within the “systems” framework, we have a unique ability to develop and advocate for wellness initiatives that addresses ongoing economic, social, institutional, community, and policy-based injustices that negatively impacts marginalized populations’ ability to maintain physically active (and healthy) lifestyles.

Marginalized, economically disadvantaged individuals who reside in high-crime (or rural) communities are less likely to be physically active due to environmental influences and institutional barriers. For instance, communities with high levels of poverty may not have access to affordable physical activity programs. Accessibility to physical activity programming are reduced, and the risk of developing negative physical health risk factors are increased. Negative

environmental issues may exacerbate existing community problems, and promote unhealthy beliefs of self and society at-large. The social work mission calls for social workers to identify health disparities of marginalized populations, and to create policy-practice and community organizing changes that promotes equality and fairness. Social work wellness initiatives highlights our commitment to reduce environmental barriers, increase affordable, accessible physical activity opportunities for all populations. Therefore, our professional focus on social work wellness supports community efforts to increase physical activity opportunities to economically disadvantaged populations. The notion of increasing social work wellness suddenly takes the form of social *justice* work, which certainly reflects our overarching value of equality and justice for all populations.

Wellness has always been fundamental to the profession, and may be an integral aspect of Maslow's Hierarchy of Needs. While Maslow encouraged us to help individuals reach "self-actualization", a process of attending to basic needs, physiological needs, safety, social connections, and emotional well-being certainly leads to wellness. This speaks to the health and wellness aspects of current ideas of treating the "whole" person. Exercise is an effective intervention that all populations can use to address co-occurring physical and mental health concerns. Furthermore, Maslow's original model was expanded in the 1970's to include "Aesthetics Needs" as research indicated our innate search for and appreciation of beauty, balance, body composition, and physical form. This expanded how professionals evaluated health, and further affirmed physical activity's role for facilitating comprehensive wellness. Meeting physical activity levels as outlined by the 2008 guidelines allows social workers to develop a level of fitness that positively affects motivation, social connections, physical and mental health, and stress management. We are able to see the inherent social justice implications of social work wellness that perfectly aligns with the profession's mission.

VII. Discussion

The purpose of this paper is to promote physical activity of social workers on both a state and national level. Social work wellness should not be compromised under the pretense that passionate social workers neglect their own health in order to safeguard the well-being of others. The standard safety lecture flight attendants make prior to take-off provides the perfect context: passengers are instructed to secure their own oxygen mask before assisting others in light of potential adverse flight situations. Our ethical responsibility calls for social workers to secure our own health wellness (i.e. our "oxygen mask") in light of the problems affecting this nation, and our profession's risk to burnout in general. Obviously, we value the social work mission to improve the well-being of others; this may be actualized *best* when we address our own health and wellness. Social workers often work extensive hours in stressful environments, are exposed to vicarious trauma, and have increased risk of burnout and physical health issues. But we have remained committed to this wonderful field, and have a deeply felt need to create a more just, healthy society for all. There is a reason so many social workers describe their choice to be in the field as a "calling". Nevertheless, the stressors that many social workers experience over the course of a career may lead to compassion fatigue, as well as general apathy towards the profession.

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Social work wellness aligns with the overall mission of the profession and should be developed holistically. Physical activity and quality of life interventions should be developed in social work education and extend throughout all levels of social work practice. Policy changes from within reverberates through the profession and may lead to positive macro-level interventions. Research suggests physical activity improves important physical fitness and physiological markers, such as cardiovascular fitness, muscular strength and endurance, and flexibility. Being physically active also reduces negative health risk factors associated with premature death and the risk of developing metabolic syndrome. This puts social workers at-risk of both ethical violations and shorter careers due to burnout. As the field continues to advocate for the basic human needs of all people and society's well-being, we must consider various initiatives that protects the integrity and wellness of social workers, and essentially, the profession's mission.

Promotion of social work wellness helps ensure that the primary mission of the field is actualized, and that the sustainability of the profession is preserved by practitioners, educators, and professionals who are both passionate *and* healthy. The future of the profession depends on our ability to create a positive environment that holds wellness, healthy lifestyles, and overall "fitness" at the forefront of self-care initiatives. When social workers actively engage in activities that helps their individual health, such as community-based activities or group initiatives, we are more likely to be "present" and advocate for those whose voices are never heard. Social justice work can be integral to social work wellness projects. This social work wellness model reflects the evidence, is inherently strength-based, and looks to empower all social work professionals to model healthy lifestyles for our clients and the community. It also helps us identify with marginalized populations who often have limited accessibility to resources that promotes wellness, such as healthy food choices or safe communities. Just as the wellness continuum provides a quantifiable framework to ensure the well-being of clients, it also provides professionals with measurable (*and clear*) ways to examine and improve social justice initiatives throughout marginalized communities. And as we examine how to increase health and wellness, we may refer to physical activity interventions that have been shown to reduce health risk factors and increase aspects of total well-being.

Physical activity has been shown to improve mood, reduce stress, promote psychosocial functioning, and reduce health issues that often affects the health of social workers. This broader approach to developing health and wellness of social workers embraces the ideas and concepts of related disciplines such as kinesiology, medicine, nursing, health psychology, nutrition and integrative medicine. Establishing relationships with related fields who have shared values for increasing the well-being of society allows the social work profession to address co-occurring health issues (i.e. physical and mental health problems) that spans across the wellness continuum.

Social trends suggest the public and current social work students is interested in holistic healthcare that addresses physical, emotional, and mental health issues. The new focus on social work wellness allows the field to mobilize its academic and professional resources to examine the relationship between social work wellness and practice-effectiveness. Knowledge discovered

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can be disseminated and applied through various national initiatives to improve social work wellness, broaden social work pedagogy and engage marginalized communities. The focus on social justice work is maintained. Social work wellness initiatives will certainly seek to address ongoing institutional injustices that negatively impacts marginalized populations, including organizing communities around the acts of unfairness that disproportionately affects folks in poverty. A focus on social work wellness may increase the profession's knowledge base by discovering the role wellness has on various aspects of social work practice.

Social work wellness and the profession's mission is interconnected. Our profession has the unique potential (*and opportunity*) to contribute to the current national discourse on social wellness and address the growing issue of physical inactivity, burnout and poor quality of life. The purpose of this paper is to introduce a new, strength-based approach defined as social work wellness. We hope this marks the beginning of an important dialogue for all social workers, and that the mission of the profession is sustained by the efforts of professionals who engage in healthy lifestyles that promote overall wellness.

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