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Samuel Reid Shapiro
Workout Your Burnout: An
Exploratory Look at the Role of
Perceived Barriers and Benefits to
Physical Activity in Social Workers

ABSTRACT

This mixed-methods exploratory study aimed to develop better understanding of the relationship between social workers' participation in physical activities and their perceptions of potential barriers and benefits to participating in exercise. Sixty-four individuals completed an online survey, disclosing their physical activity habits as while growing up as well as those of their parents and/or caregivers. Quantitative questions asked participants to measure: their recent physical activity rates, defining them as light, moderate or vigorous; their perceived potential benefits of and barriers to physical activity, and, finally, their contentedness with aspects of their body and their work. Participants reported few barriers and adequate knowledge of activity

benefits, while only 22.9% met American Heart Association recommendations for weekly exercise. Future research is needed to explore the knowledge/action disconnect further.

Workout Your Burnout:

**An Exploratory Look at the Role of Perceived Barriers and Benefits to Physical Activity in
Social Workers**

Samuel Reid Shapiro

Smith College School for Social Work 2017
Northampton, Massachusetts 01063

2017

ACKNOWLEDGEMENTS

Thank you to all those who took the time to participate in this study; hopefully your responses will open the door for others to continue exploring the complex role of physical activity in our lives. A very special thanks to my thesis advisor Gael McCarthy; your tireless support and advocacy on my behalf was matched only by your ability to listen to me whine about formatting issues. To my fellow Smithies, Nicole, Brian, Malcom, Jaime, Shelley, Sam, and Laura, you all helped me at different points along the way, whether you knew it or not, and I am forever thankful to have you as friends. Finally, I would like to thank my parents, Elaine and Rich, as well as my brother Jake and the rest of my extended Berkeley family.

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CHAPTER I

Introduction

What are the perceived barriers and benefits to sustained physical activity for individuals working as social workers for at least two years? This study has looked at both internal and external barriers to sustained physical activity, as defined by The American Heart Association, as well as the changes in perceptions of barriers based on socioeconomic status, geographic placement, individuals' histories of physical activity, and current perceptions of physical abilities and status. The choice to focus on people employed as social workers is based on previous studies showing this population's increased risk of burnout, and thus increased need for self-care practices. Physical activity has been shown to be one of the most efficient and effective options for self-care. In the review of the literature three themes emerged; burnout as a barrier to selfcare, the importance of physical activity, and generalized perceptions of barriers to physical activity. Exploration of participants' apparent knowledge, the relationships between such knowledge and actual behavior, as well as whether perceived benefits or barriers to physical activity motivated the survey undertaken in this mixed-methods study. The question as to whether demographics such as age or gender predicted participants' responses was another impetus.

CHAPTER II

Literature Review

Burnout as a Barrier

Consistent, sustained physical activity has been shown to increase individuals' overall health and there is now a growing field of research showing that it may also provide some relief to a variety of mental health symptoms (Academy of Medical Royal Colleges, 2015; Cheung, Hu, 2016; The American Heart Association, 2014). Social service workers are often at an increased risk of burnout and are therefore in need of self-care plans (Dorman, & Shapiro, 2004; Smullens, 2015; van der Kolk, 2014; Van Dernoot Lipsky, 2009). While the benefits of physical activity are widely known, there is still a gap between knowledge and action (Kohl, Craig, Lambert, Inoue, Alkandari, Leetongin, & Kahlmeier, 2012).

Burnout as a general occurrence appears across professions and activities. However, for those in a "helping profession" the impact of burnout has been shown to follow a more specific and tailored set of guiding principles. These principles are based on the intersection of the effects of burnout on the individual with those of the organizational and interpersonal realms of which they, the individuals, are a part of.

Smullens (2015) asserts that burnout impacts everyone in four main areas: professionally, personally, socially, and physically, but that none of these areas are mutually exclusive.

Smullens argues instead that burnout exists in a feedback loop, that often one first notices professional burnout but fails to recognize the underlying personal or physical struggle to get to work in the first place (p. 25). Van Dernoot Lipsky (2009) takes this concept a step further by saying that when one's profession involves taking in pain from the people that one serves, it can change one's psychological and physiological responses (p. 41). This relationship with one's

work can influence one's inner life so much so that it can alter one's entire worldview, potentially setting in motion a cycle of damage if it goes unattended (Van Dernoot Lipsky, 2009). Van der Kolk (2014) asserts that actual physical changes or damages can occur in the brain, and in the brain's responses when exposed to trauma, one's own or another's. He concludes that the part of the brain that is responsible for self-awareness -- specifically sensory self-awareness -- is often under-responsive or nonresponsive in trauma survivors (Van der Kolk, 2014).

Dorman and Shapiro (2004) contend that human services work is stressful in nature and providers in human services work or "helping professions" repeatedly come into contact with the suffering of children and adults and their related traumas. Laurie Leitch, a researcher, educator, and cofounder of the Trauma Resource Institute, when talking about professionals in helping roles, says, "As you care for people with your heart wide open, you often don't realize how much of what you are exposed to is being taken in and held by your body" (Van Dernoot Lipsky, 2009, p. 51). It is reasonable to assume then, that people working in a helping profession, where they are taking in so much pain and so much trauma in their professional roles, are at a higher risk for burnout and the effects that it takes on them professionally, personally, socially, and physically.

Why is Physical Activity Important?

A report by the Academy of Medical Royal Colleges (2015) identifies the top four causes of preventable ill-health as: smoking, poor nutrition, lack of physical activity, and alcohol excess (p. 5). While social workers have a number of options when it comes to choosing activities that promote self-care and health, physical activity has been shown to be a cost-effective and timeefficient way to improve overall health. According to the American Heart Association's (AHA) website on recommended physical activity, the average adult should participate in a

minimum of 150 minutes of moderate exercise, or 75 minutes of vigorous exercise per week with an additional two days of moderate to high intensity muscle strengthening exercise. The AHA states that these totals can be divided into 10-15 minute or more segments and that for individuals looking to lower their blood pressure or cholesterol, 40 minutes of aerobic exercise three to four times a week can help to lower the risk of heart attack and stroke. Based on the report by the Academy of Medical Royal Colleges (2015) on the need for increased physical exercise, participating in this amount of regular exercise has the potential to lower people's risk of acquiring dementia, type 2 diabetes, some cancers, depression, heart disease and other common serious conditions by 30 percent (p. 5). Furthermore, the cost-benefit analysis of this amount of regular exercise is made even more clear by the assertion that, "The risks of sudden death or severe cardiac events during exercise are extremely rare" (p. 28).

Regular exercise can take many forms, from playing basketball to swimming to sex to dance classes or taking a leisurely walk. Cheung and Hu (2016). provides a closer look at what "regular" exercise means. According to the website, "exercise experts measure activity in metabolic equivalents, or METs" (p. 1). A MET is the amount of energy used to sit quietly which, for the average adult, is approximately one calorie for every 2.2 pounds of body weight per hour. Moderate-intensity activities require a person to use between 3-6 METs while vigorousintensity activities are defined as anything over 6 METs (Obesity Prevention Source, 2016). For a 160-pound individual, this equates to burning anywhere from 100-200 calories for 30 minutes of moderate activity and upwards of 200 calories for 30 minutes of vigorous activities.

A meta-epidemiological study by Naci and Ioannidis (2013) attempted to compare the effects of physical activity and drug interventions on mortality outcomes. Although the authors state that the evidence was inconclusive, they did comment that there appeared to be a similar

effectiveness, in regard to secondary prevention of coronary heart disease, rehabilitation of stroke, treatment of heart failure, and prevention of diabetes, between the two interventions in general.

Common Perceived Barriers to Physical Activity

There is little research on what the most common perceived barriers to physical activity are for social workers specifically. However, perceived barriers to physical activity are not unique to social workers and are in fact, as shown in previously cited sources, a major factor in one of the most preventable causes of chronic illness. According to the Academy of Medical Royal Colleges (2015), part of the issue is the perception that physical activity is a lifestyle choice while data suggest that socioeconomic background as well as other social identities factor into the accessibility of many physical activities. Studies by Shor and Shalev (2014) with participants with severe mental illnesses, and Santos, Ball, Crawford, and Teixeira (2016) with socioeconomically disadvantaged women reiterate these findings among their specific research populations. In their research on the role of psychosocial resources in leisure-time physical activity, Lindström, Hanson, and Ostergren (2001) found that a lack of psychosocial resources was linked to differences in physical activity participation (p. 445). Each of these studies are important as social workers may have grown up in these circumstances and with these identities or are currently working with clients from similar backgrounds.

Allison, Dwyer, Goldenberg, Fein, Yoshida, and Boutilier's (2005) research of high school aged boys' perceived barriers to physical activity demonstrated two larger categories of barriers: internal and external. Internal barriers were categorized by the boys in the study as individual characteristics, lower priority for physical activity, and involvement in technology while external barriers such as influence of peers and family, lack of time, and inaccessibility and cost of facilities were also cited.

CHAPTER III

Methodology

This chapter describes the research methodology used as well as the purpose of this study. The purpose of this study is to explore the potential relationship between perceived barriers and benefits to physical activity and time spent exercising for clinical social workers. Based on similar research on various other populations, this study has employed a mixed methods design. The quantitative portion of this design allows for the collection of both demographic and specific numerical data such as type and total time of physical activity. Additionally, the qualitative portion allows for more nuanced answers to questions of individual perception and may help in assessing for race, gender, age, and ability related confounds or relationships. Using this method has allowed me to more effectively add to the current body of knowledge in this area and potentially highlight areas for future study.

Sample

A snowball sampling technique (non-probability) has been used to find participants. (Prior to recruiting participants, this study was reviewed and approved by the Smith College Human Subjects Review Committee; see Appendix A for the approval letter.) This technique influenced who would be in the sample, as I am part of the social work field and used personal contacts to spread and share this study's online assessment link. Colleagues with a range of experience were contacted in hopes of drawing a socioeconomically and experientially diverse sample. A change to the eligibility criteria (Appendix A) was made to allow clinicians who are currently in school to receive their master's degree in social work to participate in this study along with those individuals with master's and doctoral degrees. This change was made after difficulty meeting the threshold for participants set at fifty. Direct service work is defined as individual, family, group, or couples therapy. The purpose of this study is partially exploratory,

as this population has not been studied in this way, and data from all identities will be important in assessing for relationships among demographics and the physical exercise variables under study as well as areas for further study. Additionally, participants needed to be able to read and write in English to complete the survey. Primary locations were not limited, although I foresaw most responses coming from clinicians placed in the greater Bay Area of California as this is where I reside, as well as the New England area where members of the Smith College School for Social Work often work.

The minimum sample number was set at 50 participants to ensure that the quantitative portion of this study meets standards set by Smith College School for Social Work, and to enable the use of more powerful parametric statistics in some of the analyses. This number was seen to be feasible, as the assessments were provided online and could thus be completed whenever it was most comfortable for the participants, and could be shared easily among the social work community.

Ethics and Safeguards

Because this study aimed at assessing the potential connections between participants' perceptions of barriers to physical activity in their lives and their compliance with national health standards for exercise, the participants were only told that they were part of a survey to catalogue the range and frequency of different perceived barriers. By deferring discussion of the larger goal of ultimately comparing these two items, participants hopefully answered as honestly as possible; the Informed Consent document, however, offered enough information so that deception would not be an issue.

A screening page asked participants whether they did or did not meet the inclusion criteria. If they indicated that they did not, they were told that, regrettably, they were not eligible

for the study, but were thanked for their interest before being exited from the survey. Participants who indicated they did meet the inclusion criteria read the Informed Consent embedded in the online survey before they began the assessment portion of the survey. Participants had the option to print a copy of the Informed Consent. By using an online survey platform, participants were not able to participate in the study without first completing the consent form. Additionally, I did not have access to participants' names and identifying information, and instead a number was provided to all participants to ensure that their identifying information would be completely protected. Participants were informed that their answers but not their names would be seen by my research advisor. Participants all would have had the option to receive electronic copies of an Abstract of the findings of this study once the research is completed and the final report approved. (Please see Appendix B for the Informed Consent document, including the screening criteria.)

Data Collection

A structured questionnaire was used to gather demographic data such as age, ethnicity, gender, professional history, socioeconomic status, state of residence, history of physical activity (types, location, and current amount), as well as several scales to measure perceived barriers, benefits, and needs regarding physical activity. (Please see Appendix C for the survey questionnaire including demographic, exercise, and perceived barrier information.)

Data Analysis

To analyze the qualitative findings, an open coding thematic analysis was conducted to identify common recurrent as well as unusual themes evident in the data collected. To analyze the quantitative findings, an Excel file including participants' data was forwarded to the Smith College School for Social Work statistician for analysis.

CHAPTER IV

Findings

Prior to analysis, the data analyst removed six files for not meeting the screening eligibility criteria as well as another three for which the consent was left blank. The total sample (N) was thus set at 64. However, for unknown reasons, close to 14 participants chose not to fillout the second half of their surveys, leaving the total number of responses for each of the final six questions at or around 41.

Participants were asked to disclose their age within an eight- to ten-year range. In order from youngest to oldest: twelve (18.8%) placed themselves in the 18-25-year range; thirty-three (51.6%) selected the 26-35-year range; twelve (18.8%) chose the 36-45-year range; three (4.7%) chose the 46-55-year range; two (3.1%) selected the 56-65-year range, and one (1.6%) selected the 66-75-year range.

Fifty participants (78.1%) identified as already having their Master's Degrees in Social Work, one participant (1.6%) identified as having a Doctoral Degree in Social Work, and thirteen (20.3%) participants identified as currently working towards their Master's Degrees in Social Work.

Fifty-two participants (81.2%) identified as Female; nine (14.1%) participants identified as Male, and one participant (1.6%) identified as Gender Queer.

One participant (1.6%) identified as Black or African-American; fifty-two participants (81.2%) identified as White or European American, with two participants specifying that they identify as Irish and European, four participants (6.2%) identified as Latinx or Hispanic with two participants specifying that they identify as South American and White/Hispanic; two participants (3.1%) identified as Asian or Pacific Islander, one participant (1.6%) identified as Native American and specified identifying as Mohawk; one participant (1.6%) identified as

Biracial and specified identifying as African-American and Polish, and two participants (3.1%) chose the “other” category and identified as Eastern European Canadian and White British.

Participants were asked to disclose their household income within one of five different per year ranges. Fourteen participants (21.9%) identified as earning less than 30,000 dollars; twelve participants (18.8%) identified as earning between 30,000 dollars and 50,000 dollars; thirteen participants (20.3%) identified as earning between 50,000 dollars and 80,000 dollars; fourteen participants (21.9%) identified as earning between 80,000 dollars and 120,000 dollars, and ten participants (15.6%) identified as earning between 120,000 dollars and 250,000 dollars.

Participants were asked to describe their experiences with physical activity during their early adulthood and adolescence. From the fifty-one responses offered, four categories were created in order of activity level (active, moderately active, little to none or minimal activity, and difficult to categorize). Responses were placed into groups based on either the respondents’ words (active, moderate, etc.) or based on the American Heart Association’s recommendations for physical activity levels.

Active responses included:

Active, played soccer and martial arts

Several different sports

Ultimate Frisbee, Roller Hockey, Racquetball, Tennis, Basketball, Lacrosse, Golf.

Several times per week

Played on school sports teams throughout childhood

Very Active - College Volleyball Player

Actively participated in athletics

Very active until 16, thereafter my physical activity levels became a cycle of active periods and inactive periods of time.

Very athletic...college swimmer... work out a lot

Extreme athleticism through around age 16, dropped off after that

High- high school and college athlete

Active in organized sports from age to 8 to current. 1-2 seasons of school sports per year, and as an adult I exercise 30-120 minutes per day, 6 days a week

I played sports in high school as a requirement and for social reasons but after graduating it was not a priority

I swam competitively on a year-round swim team

Active, sports oriented

Moderate levels of activity responses included:

Adolescent fairly-active, slowed in college, nonexistent now

Moderately active

Moderate

Moderate exercise- physical jobs (lots of standing/walking) and was a cheerleader for a year in high school, so a little more active then

Moderate

Moderately active

Moderate - swim practice and swim team through high school

Moderately active

3-4 days/week of physical activity

Not too much-yoga maybe 2 times a week, rock climbing twice a week, and lots of walking

Moderate - spent a lot of time outdoors, played some sports

Moderate exercise 5 x per week due to athletic participation and being in the military

During adolescence, I performed moderate physical activity 5 days a week and light physical activity 3 days a week

Fair

Regular exercise

Somewhat active

Responses categorized as minimal or little to none included:

I didn't exercise when I was a teenager

Very minimal

Minimal

Non-existent

Very little, overall. Preferred indoor sedentary activities

Limited; I was not an active kid. Into early adulthood I did begin to increase my physical activity when I picked up running

None in high school. I started walking in grad school for my health and found it helpful for stress relief as well. I've been on and off usually active for six months ATA time until something happens that throws me off my schedule

Non-existent minus running when I was 25

Rode horses and backpacked often in adolescence. Low impact stuff. That dries up almost entirely in early adulthood. I worked active jobs where I was on my feet a lot but did. Or do structures exercise outside of that

Occasional exercise

Less than average

Low

Minimal

Little to none

Difficult to categorize responses included:

Better than it is now

Participants were then asked to describe the physical activity patterns of their parents or caregivers. The fifty-one responses were categorized in the same way that the personal physical activity responses were categorized but with an additional category for responses in which parents or caregivers appeared to have differing activity rates.

Active response included:

Extremely active

Very active athletes

Very active. Constantly engaged in activities

Active, walking and other exercise

Athletic

Active

Very physically active-distance runners!

Average to high

Supported athletics, active older adults

Frequent

Many adults I know do not exercise regularly, or to the level that I do. I am involved in a triathlon team and running club so I have many adult friends who engage in regular activity, but many social workers or other helping professionals I encounter do not exercise to this level. Many of them do not engage in regular exercise and view exercise as a burden rather than an option of self-care. The exception seems to be hospital nurses, many do seem to use exercise as self-care

Responses categorized as moderate included:

My mother ran several times a week; my father did not regularly exercise

Low, mostly walking or swimming

Moderate

Somewhat active

My husband and I both exercise five to six times a week

Minimal or little to none activity responses included:

Minimal physical activity by parents. My mom walks occasionally. My dad used to play sports but no longer exercises

Minimal but active jobs

Low, mostly walking or swimming

Minimal to light such as walking

Non-existent

Some walking at times

Not particularly active at all

Non-existent. Father had a very physically difficult job that left him tired and injured most of the time

Fairly-sedentary

Sedentary

My parents don't exercise, although they like to walk around the golf course.

Little to no physical activity

None

Limited; though later in my teen years and into adulthood my mother would go to the gym regularly

None, raised by physically disabled grandparents

Low to none

Sedentary to moderate

Not very active. Maybe once a month?

No forms of exercise

They were not/are not physically active

Minimal

Limited

Little to none

Poor

Little

Difficult to categorize responses included:

Same

More consistent in recent years

The same or less active than me

Different parent experiences response included:

One was somewhat active, taking walks or playing tennis most days of the week

Father and father's group of friends were very active, mother somewhat active

Mother - sedentary; Father - golf weekly, mail carrier so 8 to 11 miles per day of walking

Mother exercised regularly. Father infrequently

My mom didn't work out after I was about 7. My dad was reportedly active, but I never saw it.

My father was VERY active and into sports. My mother was not active particularly as I approached adolescence.

Participants were asked to select all physical activities they had participated in over the last two months from two lists, one for individual activities and one for team activities. Each list gave the option to select "other" and write in activities that were not on the lists. Individual activities, including "Walking," "Biking," and "Running" received one hundred and twenty-nine

total selections including “other” category submissions from forty-five participants. “Walking” received thirty-six (80.0%) selections; “Lifting Weights” received twenty-four (53.33%) selections; “Running” received twenty-one (46.67%) selections, and “Yoga” received twenty (44.44%) selections. “Other” write ins included:

Skiing

Hiking

Dog Walking

Zumba, kick boxing, surfing

Renovating house and land for past two years

Rock climbing

Swimming

Parenting

Elliptical

Bowling, ping pong

Team activities, including “Basketball,” “Soccer,” and “Volleyball” received considerably fewer selections with a total of twenty-eight including “other” category submissions from sixteen participants. “Other” received thirteen (81.25%); “Basketball” received four (25%), and “Baseball” received three (18.75%).

“Other” write-ins included:

Ultimate Frisbee

Tennis

Squash

Boxing

Cross-fit

Curling

Rounders

Participants were also asked to write-in other activities that they have participated in at other times in their life. Responses to this question included:

Rock Climbing

Softball

Dance

Gymnastics

Hillwalking

Backpacking

Scuba diving

Skateboarding

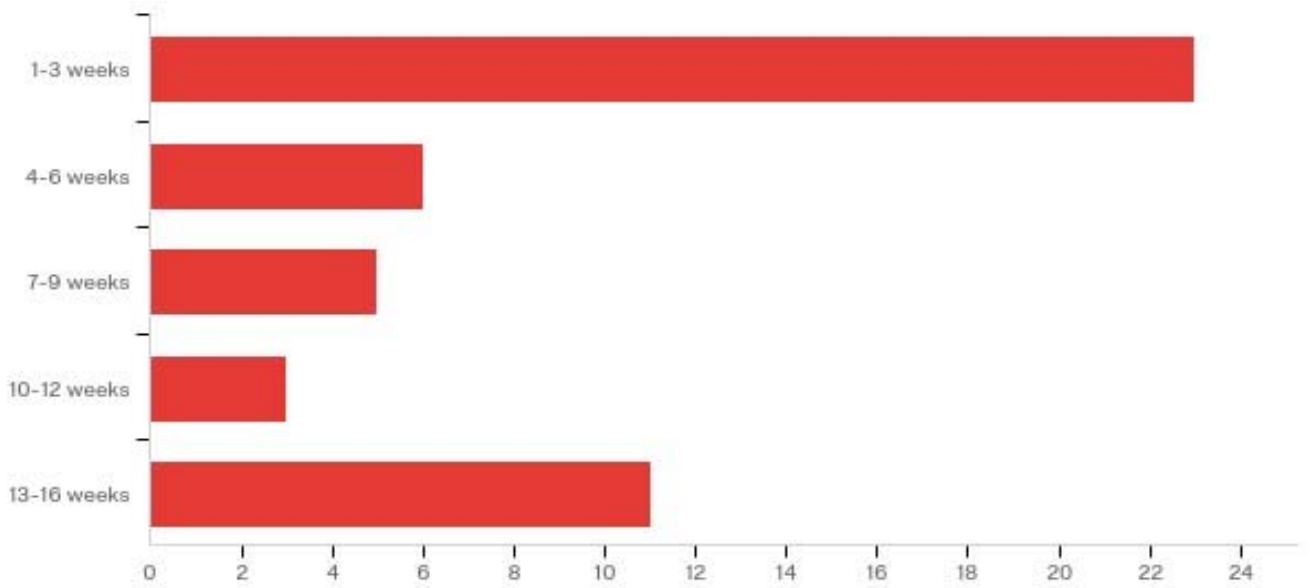
Surfing

Rowing

Cheerleading

Table 1

Total weeks completing American Heart Association standards for moderately intense physical activity in last four months



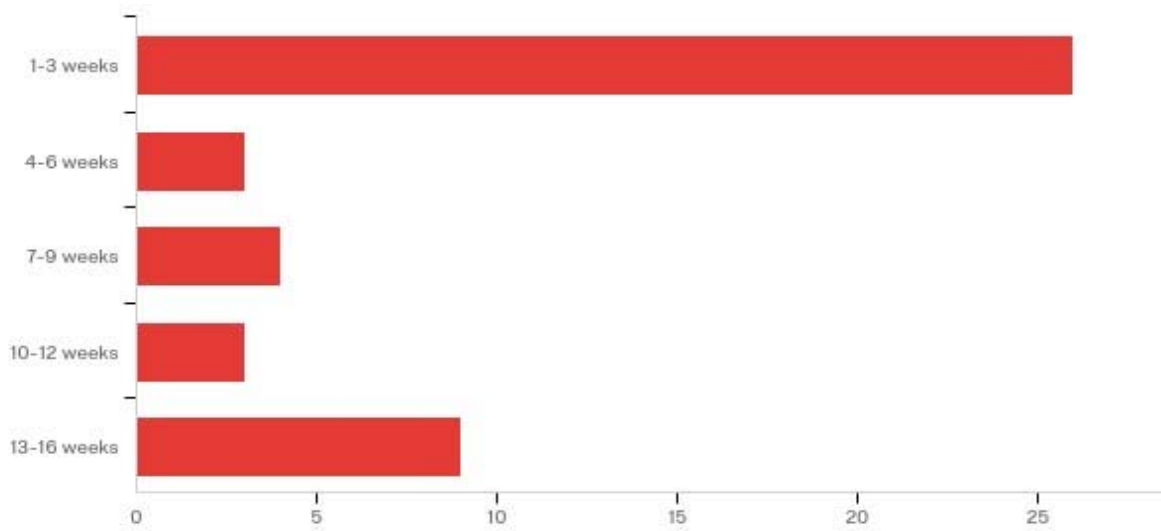
| # | Answer | % | Count |
|---|-------------|--------|-------|
| 1 | 1-3 weeks | 47.92% | 23 |
| 2 | 4-6 weeks | 12.50% | 6 |
| 3 | 7-9 weeks | 10.42% | 5 |
| 4 | 10-12 weeks | 6.25% | 3 |
| 5 | 13-16 weeks | 22.92% | 11 |
| | Total | 100% | 48 |

Participants were asked to report the number of weeks, over the course of the past sixteen weeks, they completed the American Heart Association’s standards for moderately intense physical activity (150 minutes or 30 minutes/5 days a week of physical activity with slight but noticeable increase in breathing and heart rate). Participants were given five options to select from, each with a different range of total weeks. In order of most selected, twenty-three

(47.92%) participants selected “1-3 weeks; eleven (22.92%) selected “13-16 weeks; six (12.50%) selected “4-6 weeks”; five (10.42%) selected “7-9 weeks,” and three (6.25%) selected “10-12 weeks.”

Table 2

Total weeks completing American Heart Association standards for vigorously intense physical activity in last four months



| # | Answer | % | Count |
|---|-------------|--------|-------|
| 1 | 1-3 weeks | 57.78% | 26 |
| 2 | 4-6 weeks | 6.67% | 3 |
| 3 | 7-9 weeks | 8.89% | 4 |
| 4 | 10-12 weeks | 6.67% | 3 |
| 5 | 13-16 weeks | 20.00% | 9 |
| | Total | 100% | 45 |

Participants were asked to report the number of weeks, over the course of the past sixteen weeks, during which they completed the American Heart Association’s standards for vigorously intense physical activity (at least 75 minutes per week of physical activity with rapid breathing

and increase in heart rate). Participants were given five options to select from, each with a different range of total weeks. In order of most selected, twenty-six (57.78%) participants selected “1-3 weeks,” nine (20.0%) selected “13-16 weeks,” four (8.89%) selected “7-9 weeks,” and three (6.67%) selected “4-6 weeks” and “10-12 weeks” respectively.

Table 3

Perceived barriers to participation in physical activity

| # | Question | Disagree to a large extent | | Disagree | | Agree | | Agree to a large extent | | Total |
|---|--|----------------------------|----|----------|----|--------|----|-------------------------|---|-------|
| 1 | Do you feel that physical activity will not improve your condition? | 70.00% | 28 | 25.00% | 10 | 0.00% | 0 | 5.00% | 2 | 40 |
| 2 | Do you feel that physical activity will have a negative effect on your health? | 88.10% | 37 | 11.90% | 5 | 0.00% | 0 | 0.00% | 0 | 42 |
| 3 | Do you have difficulty getting to a place where you can participate in physical activities? | 34.15% | 14 | 21.95% | 9 | 31.71% | 13 | 12.20% | 5 | 41 |
| 4 | Do economic constraints affect your ability to exercise regularly? | 41.46% | 17 | 29.27% | 12 | 19.51% | 8 | 9.76% | 4 | 41 |
| 5 | Do you feel that you have a lack of options for physical activities that are of interest to you? | 46.34% | 19 | 31.71% | 13 | 17.07% | 7 | 4.88% | 2 | 41 |
| 6 | Do you feel that you have a lack of knowledge about how to do physical activities? | 46.34% | 19 | 34.15% | 14 | 14.63% | 6 | 4.88% | 2 | 41 |
| 7 | Does a lack of companionship affect your ability to exercise regularly? | 36.59% | 15 | 21.95% | 9 | 26.83% | 11 | 14.63% | 6 | 41 |
| 8 | Do you feel that you are not welcome and/or are otherwise socially discouraged from participating in the | 48.78% | 20 | 24.39% | 10 | 21.95% | 9 | 4.88% | 2 | 41 |

| | | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|--|
| exercise(s) of your liking? | | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|--|

Participants were given a list of eight potential barriers to participating in consistent physical activity and asked to rate the extent to which they agreed or disagreed that these barriers exist for them using a Likert scale ranging from “Disagree to a large extent” to “Agree to a large extent” (Table 3).

Overall, it appears participants did not experience the potential barriers (Table 3) listed as barriers to their participating in physical activity. The least perceived barriers, those for which participants selected either “Disagree to a large extent” or “Disagree” are listed here in order of frequency: “Do you feel that physical activity will have a negative effect on your health?” (42, 100%); “Do you feel that physical activity will not improve your condition?” (38, 75%); “Do you feel that you have a lack of knowledge about how to do physical activities?” (33, 80.49%); “Do you feel that you have a lack of options for physical activities that are of interest to you?” (32, 78.05%); “Do you feel that you are not welcome and/or are otherwise socially discouraged from participating in the exercise(s) of your liking?” (30, 73.17%); and “Do economic constraints affect your ability to exercise regularly?” (29, 70.73%).

There were just two potential barriers selected by participants as being perceived as relative barriers to their participating in physical activity. The most perceived barriers, those for which participants selected either “Agree to a large extent” or “Agree” are listed here in order of frequency: “Do you have difficulty getting to a place where you can participate in physical activity?” (18, 43.91%); and “Does a lack of companionship affect your ability to exercise regularly?” (17, 41.46%). Participants were also given the option to answer in more detail via text boxes attached to each potential barrier. Responses have been categorized by the potential barrier that they were attached to below:

“Do you have difficulty getting to a place where you can participate in physical activity?”

I'm mentally exhausted when I get home from work and feel like I just need to lie down to recover. It's hard to push past that exhaustion to do much physical activity even though I know it will help in the long run.

“Does a lack of companionship affect your ability to exercise regularly?”

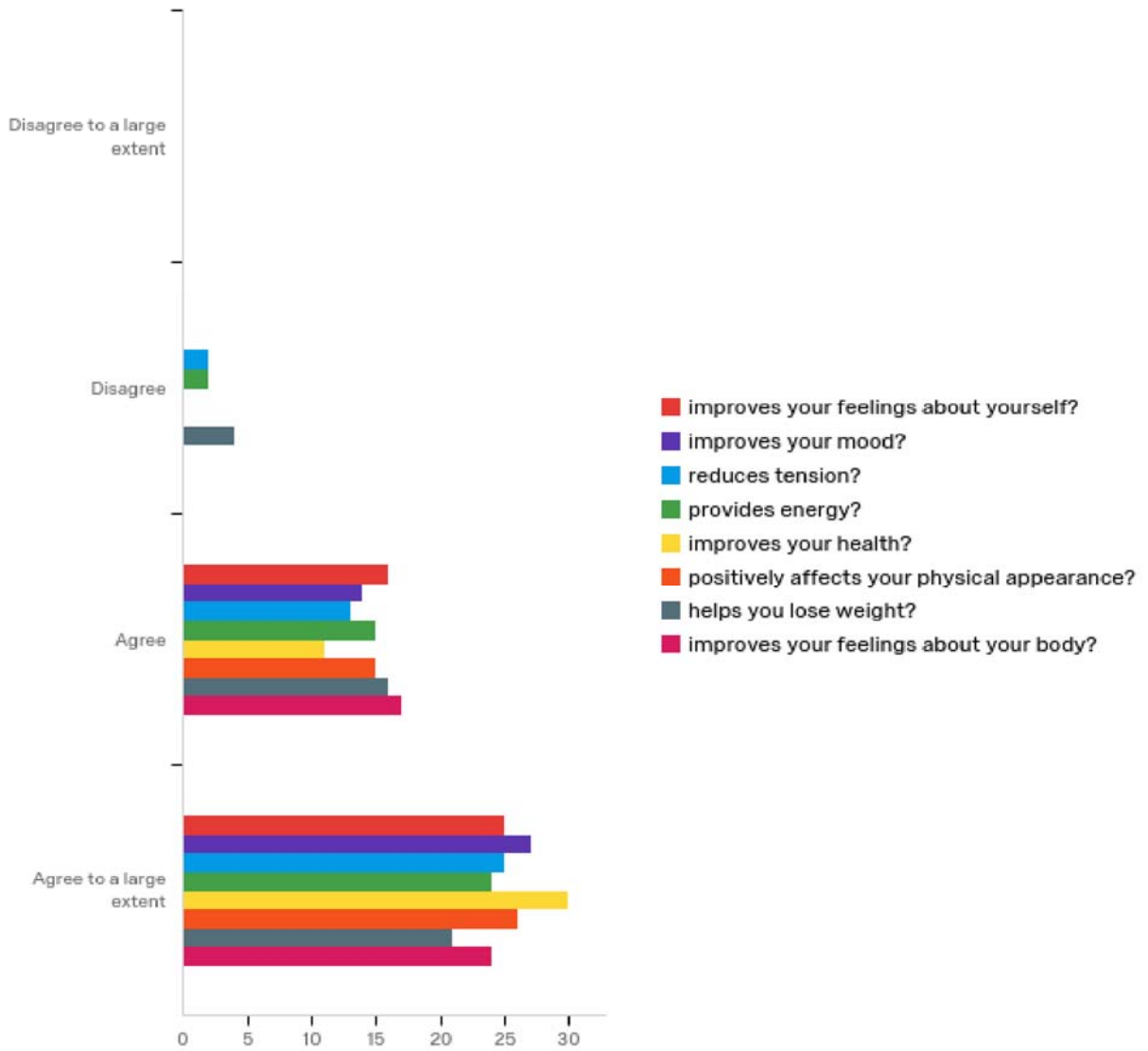
I would actually say maybe. I don't know if it would have motivated me if I had someone interested in the same form of exercise at the same location I like to have an accountability partner

Yes

:(

Table 4

Perceived benefits to physical activity: Do you think physical activity...



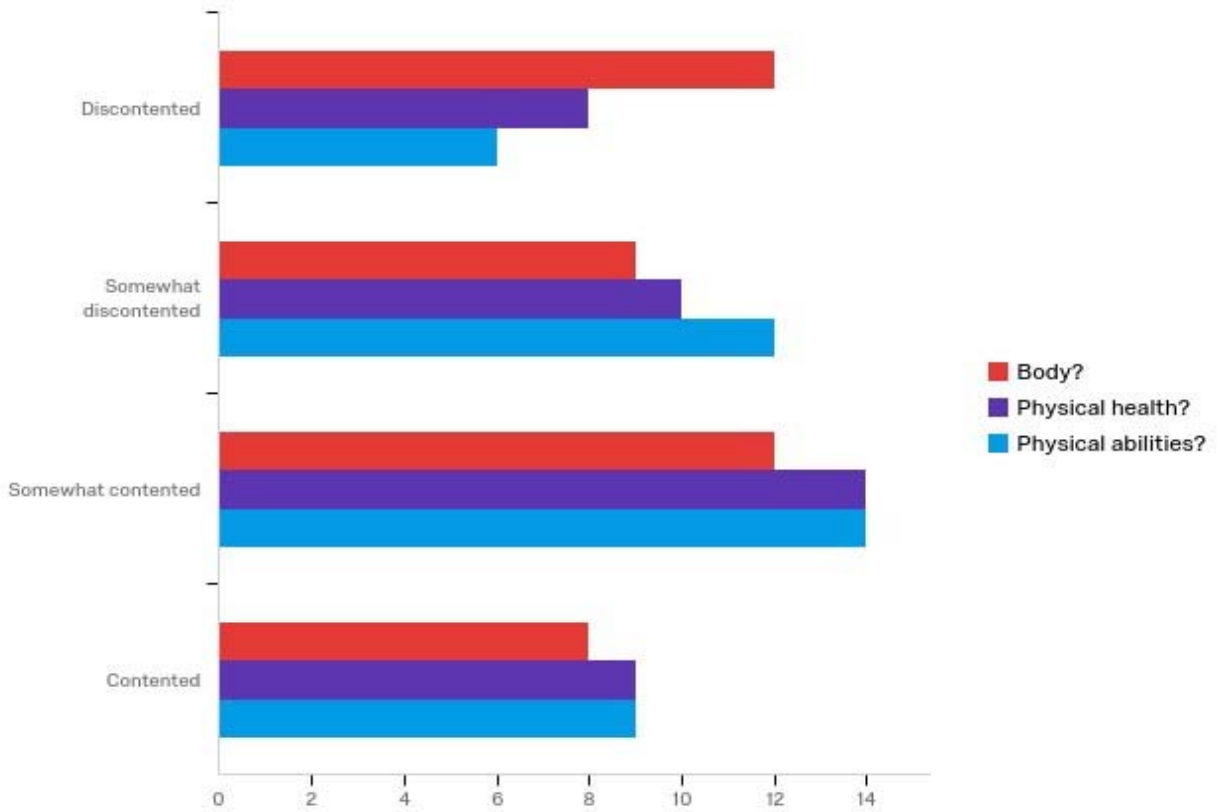
| # | Question | Disagree to a large extent | Disagree | Agree | Agree to a large extent | Total |
|---|--|----------------------------|----------|------------|-------------------------|-------|
| 1 | improves your feelings about yourself? | 0.00% 0 | 0.00% 0 | 39.02% 1/6 | 60.98% 2/5 | 41 |
| 2 | improves your mood? | 0.00% 0 | 0.00% 0 | 34.15% 1/4 | 65.85% 2/7 | 41 |
| 3 | reduces tension? | 0.00% 0 | 5.00% 2 | 32.50% 1/3 | 62.50% 2/5 | 40 |
| 4 | provides energy? | 0.00% 0 | 4.88% 2 | 36.59% 1/5 | 58.54% 2/4 | 41 |

| | | | | | | | | | | |
|---|--|-------|---|-------|---|--------|----|--------|----|----|
| 5 | improves your health? | 0.00% | 0 | 0.00% | 0 | 26.83% | 11 | 73.17% | 30 | 41 |
| 6 | positively affects your physical appearance? | 0.00% | 0 | 0.00% | 0 | 36.59% | 15 | 63.41% | 26 | 41 |
| 7 | helps you lose weight? | 0.00% | 0 | 9.76% | 4 | 39.02% | 16 | 51.22% | 21 | 41 |
| 8 | improves your feelings about your body? | 0.00% | 0 | 0.00% | 0 | 41.46% | 17 | 58.54% | 24 | 41 |

Participants were asked to individually rate eight potential benefits to physical activity using the same Likert scale used in the previous table, from “Disagree to a large extent” to “Agree to a large extent.” Out of the nearly forty-one participant responses on each of the eight potential benefits listed (327 total responses), only eight of those responses selected “Disagree,” while no participants selected “Disagree to a large extent.” The largest discrepancy came in the “helps you lose weight” option in which four (9.76%) participants selected “Disagree,” sixteen (39.02%) selected “Agree,” and twenty-one (51.22%) selected “Agree to a large extent.” The seven other widely perceived benefits, marked as “Agree to a large extent,” are listed in order of greatest frequency: “improves your health” (30, 73.17%); “improves your mood” (27, 65.85%); “positively affects your physical appearance?” (26, 63.41%); “improves your feelings about yourself” and “reduces tension” both received twenty-five selections with for a total of 60.98% and 62.50% of the total selections respectively; and “provides energy” and “improves your feelings about your body” both received (24, 58.54%).

Table 5

Contentment, in regard to body, physical health, and physical ability



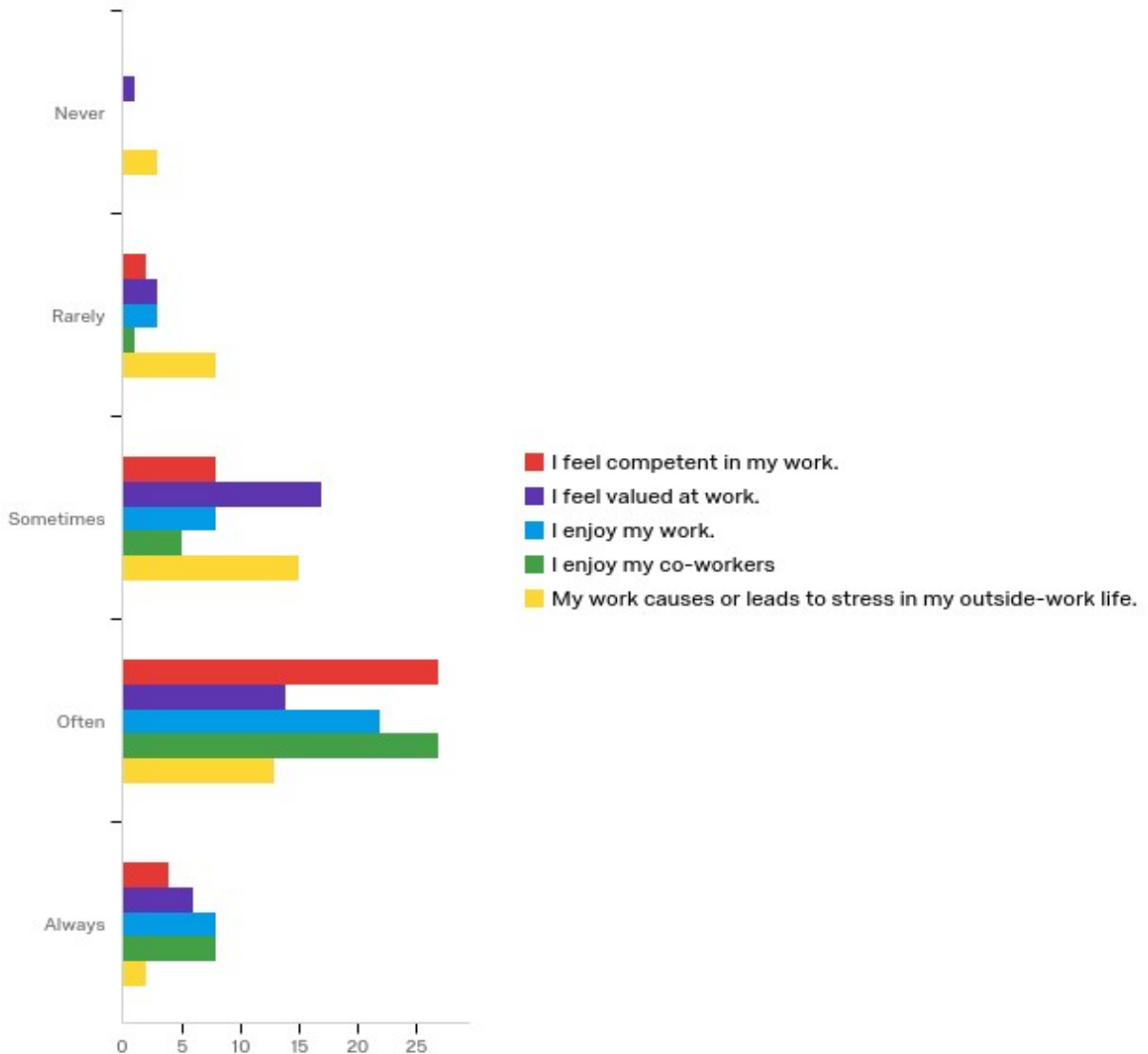
| # | Question | Discontented | | Somewhat discontented | | Somewhat contented | | Contented | | Total |
|---|---------------------|--------------|--------|-----------------------|--------|--------------------|--------|-----------|---|-------|
| 1 | Body? | 29.27% | 1 2 | 21.95% | 9 | 29.27% | 1 2 | 19.51% | 8 | 41 |
| 2 | Physical health? | 19.51% | 8 | 24.39% | 1 0 | 34.15% | 1 4 | 21.95% | 9 | 41 |
| 3 | Physical abilities? | 14.63% | 6 | 29.27% | 1 2 | 34.15% | 1 4 | 21.95% | 9 | 41 |

Participants were asked to rate their contentment with three categories, their “Body,” “Physical health,” and “Physical abilities.” Participants were given a Likert scale from “Discontented” to “Contented.” Responses to these three categories were relatively evenly spread out, with the slight majority of responses to each category landing between “Somewhat discontented” and “Somewhat contented” on the Likert scale, listed here in order of frequency:

“Physical abilities” (24, 63.42%); “Physical health” (24, 58.54%); “Body” (21, 51.22%). The largest discrepancy occurred in the “Body” category, in which “Discontented” (12, 29.27%) received a noticeably larger percent of total selections than in either of the “Physical health” (8, 19.51%) or “Physical abilities” (6, 14.63%) categories.

Table 6

Simple burnout ranking



| # | Question | Never | | Rarely | | Sometimes | | Often | | Always | | Total |
|---|--|-------|---|--------|---|-----------|----|--------|----|--------|---|-------|
| 1 | I feel competent in my work. | 0.00% | 0 | 4.88% | 2 | 19.51% | 8 | 65.85% | 27 | 9.76% | 4 | 41 |
| 2 | I feel valued at work. | 2.44% | 1 | 7.32% | 3 | 41.46% | 17 | 34.15% | 14 | 14.63% | 6 | 41 |
| 3 | I enjoy my work. | 0.00% | 0 | 7.32% | 3 | 19.51% | 8 | 53.66% | 22 | 19.51% | 8 | 41 |
| 4 | I enjoy my co-workers | 0.00% | 0 | 2.44% | 1 | 12.20% | 5 | 65.85% | 27 | 19.51% | 8 | 41 |
| 5 | My work causes or leads to stress in my outside-work life. | 7.32% | 3 | 19.51% | 8 | 36.59% | 15 | 31.71% | 13 | 4.88% | 2 | 41 |

Using a Likert scale from “Never” to “Always”, participants responded to four questions about job satisfaction and one question directly related to burnout; though each question can be related to burnout symptoms. The most satisfied responses, marked either “Often” or “Always” for the first four statements and “Never” or “Rarely” for the last statement, are listed here in order of frequency: “I enjoy my co-workers” (35, 85.36%); “I feel competent in my work” (31, 75.61%); “I enjoy my work” (30, 73.17%); “I feel valued at work” (20, 48.78%); “My work causes or leads to stress in my outside-work life” (11, 26.83%).

Table 7

Contentment with Body, Physical Health, and Physical Ability by Gender

Body: $t(16.28) = 2.397, p = .029^*$. Means: male ($m = 3.00$); female ($m = 2.19$)

Physical Health: $t(21.64) = 4.489, p = 0.000^*$. Means: male ($m = 3.5$); female ($m = 2.32$)

Physical Ability: $t(37) = 2.615, p = .013^*$

* single asterisk indicates significant moderate level of statistical significance

** double asterisk indicates strongly significant level of statistical significance, for which very low level SPSS does not show the fourth digit.

For the contentment questions in this survey, males reported a higher rating for body and physical health than did females, and a lower mean rating on physical ability – indicating less contentment.

It is difficult to know how to interpret these apparent gender differences, though some popular social ideas suggest that females do widely express discontent with their own body images, while males may be more likely to have higher investment in physical ability/athletics and would possibly express less contentment with themselves in that socially important area.

Correlations between household income and perceived barriers to physical activity

Pearson correlations were run to see if there was a relationship between household income and potential barriers to physical activity. There were significant, negative weak correlations between household income and “economic constraints” ($r=-.324$, $p=.023$) and “lack of companionship” ($r=-.384$, $p=.039$). This would indicate that as respondent’s household income increases, they are less likely to perceive of these potential barriers as barriers in their lives.

Correlations between body contentment and perceived barriers to physical activity

Pearson correlations were run to explore statistical relationships between participant’s ranking of their contentment with their bodies and their perceptions of potential barriers to physical activity. There was a significant negative moderate correlation with the "getting to a place is difficult" barrier ($r=-.491$, $p=.001$), there was a significant negative moderate correlation with the "lack of knowledge" barrier ($r=-.413$, $p=.008$) and there was a significant negative moderate correlation with the "lack of companionship" barrier ($r=-.444$, $p=.004$).

Correlations between physical health contentment and perceived barriers to physical activity

Pearson correlations were run to explore statistical relationships between participant's ranking of their contentment with their physical health and their perceptions of potential barriers to physical activity. There was a significant negative moderate correlation with the "getting to a place is difficult" barrier ($r=-.457$, $p=.003$), there was a significant negative weak correlation with the "lack of knowledge" barrier ($r=-.353$, $p=.025$), and there was a significant negative moderate correlation with the "lack of companionship" barrier ($r=-.472$, $p=.002$).

Correlations between physical ability contentment and perceived barriers to physical activity

Pearson correlations were run to explore statistical relationships between participant's ranking of their contentment with their physical abilities and their perceptions of potential barriers to physical activity. There was a significant negative moderate correlation with the "getting to a place is difficult" barrier ($r=-.420$, $p=.007$), there was a significant negative moderate correlation with the "lack of knowledge" barrier ($r=-.450$, $p=.004$), there was a significant negative moderate correlation with the "lack of companionship" barrier ($r=-.581$, $p=.000$), and there was a significant negative weak correlation with the "not welcome" barrier ($r=-.349$, $p=.027$).

All the significant correlations were negative. That means as participant's responses to the barrier questions went up (they agreed more) their responses to the contentedness questions went down (more discontented) and vice versa. So, for example, the more respondents agreed that something was a barrier the more discontented they were. Of the eight potential barriers to physical activity only four were identified as being statistically significant in their correlation

with participant's contentedness rankings, and only one of those four, "not welcome", was not statistically significant for each of the contentedness rankings.

CHAPTER V

Discussion

“It is at this point that I confess to you that I’ve been doing yoga for two years and it’s changed my life to an extent that I almost resent.” – Laurie Penny, from *Life hacks of the poor and aimless: On negotiating the false idols of neoliberal self-care*

The concept for this study came from my own experiences with physical activity, or at times a lack thereof, and an interest in self-care practices, specifically the ways in which they are discussed and promoted within the social work community. I was influenced by conversations during my first two summers in the Smith College MSW program in which self-care was promoted but not supported and physical activity was just one on a list of many self-care options. I wanted to explore the invisible connections that seem to exist between our perceptions of barriers and benefits to physical activity and our seemingly world-wide lack of consistent physical activity participation. Are social workers’ habits and perceptions any different from those of the general population? With self-care and burnout being such important topics in this field of study and work, are social workers any more likely to “practice what they preach”? If not, what are the barriers to physical activity that are not being discussed and how can future self-care studies take this into account?

This chapter will discuss key findings, strengths and limitations, literature and theoretical applications, and implications for social work practice and future study.

Key Findings

There was an overwhelmingly low overall ranking of perceived barriers and a high overall ranking of perceived benefits to physical activity. Potentially, these findings point to the notion that most people know physical activity is good for them and they feel that they have options and the ability to participate in physical activity. However, only 22.9% (eleven people

out of forty-eight) met the standards for moderate physical activity over the past four months. What barriers are not accounted for? How might our perceptions and/or insights about physical activity represent barriers in their own way? Is our understanding of the benefits of physical activity incomplete? What roles do body image and weight loss play in an individual's reasons for participating in physical activity and maintaining that participation?

Another key finding was in the disparity between individual and group activities that were selected by participants. It may be possible that the seeming inability to maintain the recommended amount of physical activity may be due in part to many of those activities being done alone, without others to support and promote its continuation. Additionally, participants selected "lack of companionship" (41.46%) as the second most perceived barrier to physical exercise, behind "difficulty getting to a place where you can participate in physical activities" (43.91%). This would be consistent with a recent study done by Blumenthal et al (2007) in which depression symptom reduction rates were similar between anti-depressant medication and a supervised group exercise program.

Strengths and Limitations

One of the key strengths was also one of the most glaring limitations of this study, namely, the relative ambiguity of the study questions and lack of specificity. While I hoped to research a specific kind of self-care in physical activity, I knew that physical activity and any potential perceived barriers and benefits would require a much larger, or series of much larger, studies. By keeping the study short and broad my goal was to simply explore and show that within the realm of self-care, especially for social workers, physical activity could be a worthwhile topic for future study.

More specifically, this study did not ask a number of demographic questions that may have correlated with physical activity rates such as, relationship status, geographic location and the cost of living in that region, as well as the number of years in the social work field and the kind of work that the individual has done. Also, the majority of participants in this study identified as white and female. A more diverse group of participants may yield different results.

Additionally, participants were asked to disclose the number of weeks in which they completed the recommended amount of physical activity but they were not given the option of zero weeks. This may have distorted the numbers of participants who were marked as having participated in physical activity over the last four months. This question was also poorly worded and while there was a range of answers, it is still unclear how many participants completed the recommended amount of physical activity. However much the lack of a zero option may have been a limitation, the reality that 22.9% -- or fewer than one in four respondents -- are exercising at recommended levels is striking. The addition of a zero option might have rendered the findings even less positive for adequate exercise. A further limitation of the data is that it is unclear how many participants participated in either moderate or vigorous physical activity or if they participate in both. Future studies might attempt to use more accurate means of recording exercise data such as phone and watch applications for physical activities.

The lists of potential barriers and benefits are both incomplete and thus do not consider several potential barriers and benefits including, benefits for persons other than the participant and psychological barriers or trauma-based barriers. It may have been useful to ask participants to describe in their own words the current barrier(s) for them, especially if they were not part of the list of potential barriers.

The burnout assessment may not be truly useful or indicative of anything due to its brevity. It is also unclear to what extent the participants were interested in participating in

physical activity, what their current self-care practice includes and if they are content with that practice as it is. It was also difficult to make any correlation between participants' adolescent physical activity experiences, participants' parents' and caregivers' physical activity experiences, and participants' current physical activity experiences due to the combination of qualitative and quantitative data.

Literature and Theoretical Applications

There is a tremendous amount of literature on the benefits of physical activity and self-care in general. Studies have looked at specific barriers within specific populations but -- to my knowledge -- there had not been any extensive research into the potential connections between perceived barriers and benefits to physical activity rates for those in the social work profession. While this study was exploratory in nature and not meant to be applied to theory or practice, I do believe the basic conundrum of this study, the gap between knowledge/ability, or insight, and action, can be seen in other habits besides physical activity. For example, in Prochaska and DiClemente's (1983) Transtheoretical Model (Stages of Change) terms, what moves individuals from the pre-contemplative stage to the action stage, and what keeps them there? Presumably, if social workers can be helped to engage in the physical exercise their knowledge of its benefits would suggest they might very much want to do, a motivational interviewing approach such as has shown success in helping smokers and substance abusers stop or at least decrease harmful behaviors could be a major help in promoting healthy levels of exercise.

Implications for Social Work Practice and Further Study

Burnout, compassion fatigue, compassion satisfaction, vicarious trauma, and secondary trauma are all constructs widely discussed in the social work field, to one extent or another; this I

believe we can all agree on. Self-care has become the antidote to burnout, and caring for oneself, while caring for others, is necessary. But how do we take care of ourselves? How do we take care of ourselves effectively and efficiently? I believe the answer to this question is different for every individual. For some, self-care is meditating twice a day, for others it is reading a favorite book, going on vacation, or eating healthily. However, each of these very valid forms of self-care costs something: time, money, etc. The point is that while there are numerous ways to take care of oneself and physical activity is just one of them, it should be considered a major one. The sheer number of studies done on the benefits of physical activity is astounding, which may have something to do with the almost unanimous positive associations participants in this survey had about physical activity. Social work programs need to take advantage of this positive regard and continue to not only promote physical activity as a form of self-care but support young social workers in creating and maintaining a physical activity practice. Additionally, social workers need to be trained to explore the barriers and benefits of physical activity and support their clients in finding, participating, and maintaining their own physical activity practice. Physical activity and the perceived barriers and benefits of it should continue to be a topic of study in the social work field.

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Appendix A: Smith College Human Subjects Review Committee Approval Letters



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

January 4, 2017

Samuel Shapiro

Dear Sam,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Gael McCarthy, Research Advisor



February 7, 2017

Samuel Shapiro

Dear Sam:

I have reviewed your amendments and they look fine. The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,



Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Gael McCarthy, Research Advisor

Appendix B: Informed Consent Materials

2016-2017

Consent to Participate in a Research Study

Smith College School for Social Work • Northampton, MA

.....

Title of Study: Workout Your Burnout: An Exploratory Look at the Role of Perceived Barriers and Benefits to Physical Activity in Social Workers

Investigator(s): Shapiro, Samuel: Sshapiro19@smith.edu

Introduction

You are being asked to be in a research study of the perceived benefits and barriers to physical activity for social workers.

You were selected as a possible participant because you are a social worker.

I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

The purpose of the study is to explore physical activity rates for social workers as well as the barriers and benefits experienced by social workers.

This study is being conducted as a research requirement for my master's in social work degree.

Ultimately, this research may be published or presented at professional conferences, and incorporated in additional research in the future.

Description of the Study Procedures

If you agree to be in this study, you will be asked to do the following things: Complete a short list of basic demographic information items, complete several questions about your own personal history of physical activity, complete a 15-item survey where you will rate your experiences of different barriers and benefits to physical activity, and complete six additional questions rating your experiences of burnout and your body. This survey should take between 20-30 minutes to complete and only needs to be filled out once. It is possible to complete a portion of the Qualtrics survey and return to it after a break, if you prefer.

Risks/Discomforts of Being in this Study

There are no reasonable foreseeable (or expected) risks.

Benefits of Being in the Study

The benefits of participation are an increased insight into your relationship with physical activity and a potential cost-risk analysis of your perceived benefits and barriers to physical activity.

The benefits to social work/society are an increase in knowledge about how to best provide viable opportunities and access to physical activities for social workers.

Confidentiality

This study is anonymous. I will not be collecting or retaining any information about your identity.

Payments/gift

I am unable to offer any financial payment for your participation.

Right to Refuse or Withdraw

The decision to participate in this study is entirely up to you. You may refuse to answer any question or withdraw from the study without affecting your relationship with myself as the researcher of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. As this is an anonymous survey, simply exit at any point by clicking on 'escape' at the top of the screen if you wish to withdraw. Answers to questions prior to exiting will remain in the survey up to that point, but I will have no way to know who you are, and the survey will be discarded as I will not use incomplete surveys in my study. However, once you have completed the survey and submitted the results you will have no way to withdraw, as I will not be able to identify your responses.

Right to Ask Questions and Report Concerns

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Samuel Shapiro at Sshapiro19@smith.edu or by

telephone at xxx-xxx-xxxx. If you would like a summary of the study results please contact me and provide your contact information and one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

By clicking “Agree” and entering the survey below you indicate that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. I encourage you to print and keep a dated copy of this form for your own files to keep.

Appendix C: Survey Questions

1. Age:

18-25, 26-35, 36-45, 46-55, 56-75, 76-100

2. Household Income:

Less than 30,000/year, 30,000-50,000/year, 50,000-80,000/year, 80,000-120,000/year, 120,000-250,000/year, More than 250,000/year

3. Race/Ethnic Identity:

Black or African American, White or European American, Latinx or Hispanic, Asian or Pacific Islander, Native American, Bi-racial, other (please specify _____)

4. Gender Identity:

Male, Female, Transgender, Gender-Queer, Gender Non-conforming, Gender Fluid, Gender questioning, other (please specify _____)

5. Education:

Currently enrolled in and working toward a graduate degree in social work, Master's Degree, Doctoral Degree

- 6. How would you describe your physical activity during your adolescence? and early adulthood?**
- 7. How would you describe the physical activity patterns of the adults or caretakers in your life?**
- 8. Please select all activities that you have participated in at any point in the last two months, any variations of these activities for differently abled bodies can be counted as either other or the general category (for example: wheelchair basketball can be marked as either 'basketball' or typed into the 'other' category). Additionally, sports or activities that can be done individually or as a team can be counted in either category (for example: tennis can be an individual event or played as a team event as in doubles tennis):**
- A) Team activities including Basketball, Baseball, Lacrosse, Football, Rowing, Soccer, Volleyball, Hockey, other (please specify _____)
- B) Individual activities including Running, Walking, Lifting Weights, Biking, Yoga, Pilates, Karate, Thai Chi, other (please specify _____)
- 9. What other activities have you participated in regularly at other times in your life?**

10. Over the past 16 weeks, how many weeks have you completed at least 150 minutes (or 30 minutes, five days a week) of moderately intense (slight but noticeable increase in breathing and heart rate) physical activity? 1-3, 4-6, 7-9, 10-12, 13-16 times

12. Over the past 16 weeks, how many weeks have you completed at least 75 minutes of vigorously intense (rapid breathing and increase in heart rate) physical activity?
1-3, 4-6, 7-9, 10-12, 13-16

13. Ranked on a scale of 1-4 (Disagree to a large extent, Disagree, Agree, Agree to a large extent) please respond to the following questions. Additionally, comment boxes have been provided after each question if you would like to explain your answers in more detail:

- A) Do you feel that physical activity will not improve your condition?
- B) Do you feel that physical activity will have a negative effect on your health?
- C) Do you have difficulty getting to a place where you can participate in physical activities?
- D) Do economic constraints affect your ability to exercise regularly?
- E) Do you feel that you have a lack of options for physical activities that are of interest to you?

F) Do you feel that you have a lack of knowledge about how to do physical activities?

G) Does a lack of companionship affect your ability to exercise regularly?

H) Do you feel that you are not welcome and/or are otherwise socially discouraged from participating in the exercise(s) of your liking?

14. Do you think physical activity...?

A) improves your feelings about yourself?

B) improves your mood?

C) reduces tension?

D) provides energy?

E) improves your health?

F) positively affects your physical appearance?

G) helps you to lose weight?

H) improves your feelings about your body

15. On a scale from 1-4 (Contented, Somewhat contented, Somewhat discontented,

Discontented) how would you rate your feelings about your...

A) Body?

B) Physical Health?

C) Physical Abilities?

16. On a scale from 1-5 (Never, Rarely, Sometimes, Often, Always) please rank your feelings about the following statements.

- A) I feel competent in my work.
- B) I feel valued at work.
- C) I enjoy my work.
- D) I enjoy my co-workers.
- E) My work causes or leads to stress in my outside-work life.