1 | INTRODUCTION

The professional mission of social work is to help needy and vulnerable groups improve their life opportunities and promote social fairness and justice (Brown, 2020). Under the influence of neoliberalism, fewer resources have been devoted to social services, and social workers not only have come under pressure to meet the various needs of clients in practice (Miller et al., 2017) but also face an increasing number of cases and administrative burden (Downing et al., 2021). Professional burnout, secondary trauma, compassion fatigue, and other problems potentially affect the physical and mental health of social workers (Grise-Owens et al., 2018; Lee & Miller, 2013). In particular, the COVID-19 pandemic has further increased the work pressure and burden of social workers (Downing et al., 2021).

Because social workers tend to care for others first, they often neglect to care for themselves, which increases their risk of stress and trauma (Willis & Molina, 2019). Therefore, it is very important for social workers and their service organizations to understand the importance of self-care and to practice it in daily life to improve physical and mental health. Many studies have shown that such self-care methods as mindfulness meditation, physical exercise, healthy eating, and a self-care organizational culture (Brown, 2020; Lee & Miller, 2013) positively influence social workers’ health (Shepherd & Newell, 2020), wellbeing (Dorociak et al., 2017), and professional performance (Miller et al., 2020). In recent years, the World Health Organization (2020) and the National Association of Social Workers (2020) have explicitly suggested self-care as a way to prevent and cope with the health risks from the COVID-19 pandemic and other related disadvantages (Miller & Cassar, 2021).
In the past, research on self-care was carried out from the perspective of medicine, which mainly regarded self-care as a means to alleviate or solve medical diseases (Miller & Cassar, 2021). With an emphasis on self-care and the practice of multiple subjective forms of self-care, the current literature has expanded the concept of self-care to include different perspectives, such as lifestyle, interpersonal relationships, physical health, and professional environment (Dorociak et al., 2017; Newell, 2020). In the field of social work, the National Association of Social Workers (2008) has defined self-care as actively participating in maintaining the effective choices and commitments of social workers. Lee and Miller (2013) further defined personal self-care as "a process of purposeful engagement in practices that promotes holistic health and wellbeing of the self," whereas they defined professional self-care as "the process of purposeful engagement in practices that promotes effective and appropriate use of the self in the professional role within the context of sustaining holistic health and wellbeing" (p. 98).

Previous studies mainly investigated social workers in the United States (Bloomquist et al., 2015; Miller et al., 2017, 2020; Miller, Donohue-Dioh, et al., 2019). The research results indicate that social workers engage in only moderate amounts of self-care practices. The self-care of social workers is influenced by many personal and professional factors. For example, Miller et al. (2020) found significant differences in self-care by race, workplace, education level, and social work licensing status. Significant predictors of self-care include education level, perceived health status, being a supervisor, and financial status. Miller and Cassar (2021) pointed out that social workers' self-care was significantly related to age, practice experience, and hours worked per day. Alkema et al. (2008) showed that social workers with longer professional practice experience develop more self-care strategies.

Related research has further emphasized that it is necessary not only to pay attention to the influence of individual factors on self-care but also to analyze the challenges faced by self-care practices from social environmental factors such as occupational environment and culture. These challenges may include insufficient organizational support (Miller, Donohue-Dioh, et al., 2018), difficulty in defining appropriate self-care practices (Coleman et al., 2016), an insufficient self-care training framework, and a lack of an appropriate environment to implement self-care practices (Miller et al., 2020). In particular, public health crises, such as the COVID-19 pandemic, may aggravate these challenges (Miller & Cassar, 2021). Moreover, relevant research has deemed it necessary to further develop the self-care practice model to examine and cope with a series of factors affecting self-care practices and promote the implementation of self-care practices (Miller & Cassar, 2021; Miller, Poklembova, et al., 2019).

At present, self-care practices have become an important strategy to support the development of social workers (Downing et al., 2021). However, there is little literature examining the self-care practices of social workers outside of the United States. In China, social work is a relatively new profession (1987-present). Compared with the professionalization of social work in Western countries, social work in China is still in the initial stage of development and is under the pressure of increasing bureaucracy and administration. In the context of the COVID-19 pandemic, social workers especially face greater challenges to their physical and mental health. This also means that Chinese social workers need to adopt self-care practices to cope with complex work pressures. Up to now, Chinese social workers' self-care has not received serious attention in the literature. Thus, this study aims to explore the self-care practices of social workers in China under the COVID-19 pandemic to address the research gaps in the literature.

In this study, researchers use the Self-Care Practice Scale (SCPS) (Lee et al., 2020) to measure the self-care practices of social workers (N = 1066) in Fujian Province, China. Additionally, this study examines the interrelationship of self-care practices, demographics, and professional variables to identify the key findings and salient discussion points and implications for social work education, practice, and research. As an exploratory study, the purpose of this study was to examine the overall self-care practices of social workers in China. Specifically, this study was guided by the following research questions. (1) How often do Chinese social workers engage in self-care practices under the COVID-19 pandemic? (2) Are there group differences in self-care practices according to demographic and professional characteristics? (3) What personal and professional variables predict self-care practices?

## 2 | METHOD

### 2.1 | Sampling protocol

This study was conducted on in-service social workers in Fujian Province, China, excluding the following: (1) non-in-service social workers, (2) part-time social workers, (3) social work interns, and (4) social workers unwilling to be surveyed. All data were collected from December 2020 to January 2021. At that time, Fujian Province had entered the stage of normalized epidemic prevention, but China's Heilongjiang, Jilin, Hebei, and other regions were in the outbreak state, and the whole country was still in a tense state of control foreign import and domestic proliferation. The work places of social workers in this survey were distributed in primary and secondary schools, communities, social welfare institutions, and comprehensive hospitals. Researchers collected primary data by posting questionnaires, supplemented via an online survey.

In the process of data collection, researchers chose a convenient sampling method. First, researchers contacted the leaders of social workers' organizations in Fujian Province and invited them and their social workers to participate in the survey. Based on the number of social workers willing to receive the survey, researchers posted paper questionnaires to staff in the social work organizations. After filling out the answers, the staff posted the questionnaires to the researchers. However, for social workers who found it inconvenient to send questionnaires by post, researchers...
allowed the use of online questionnaires at WJX.cn. All questionnaires were anonymous. All participants who completed the survey received a multifunction data cable as a gift.

In this study, 1091 paper questionnaires and 180 online questionnaires were collected. The final number of valid questionnaires was 1066. All protocols used in this study were approved by our university's institutional review board.

2.2 | Instrumentation

The instrument used to collect the primary data for this study involved two parts: (1) general demographic and professional items; and (2) the SCPS. The following subsections briefly describe these measures.

2.2.1 | Demographic and professional measures

To describe the sample, personal characteristics, such as gender, education level, and marital status were measured using categorical or ordinal items. Age was measured continuously. In addition, participants were asked to answer an array of questions, such as average hours of work per day, and a number of received supervision services in a year as professional variables. Detailed information for participants is included in the findings section.

2.2.2 | Self-Care Practice Scale

To collect primary data from the participants in this study, researchers utilized the SCPS (Lee et al., 2020). After obtaining permission to use the scale, researchers translated it into Chinese and adopted it for this study after a trial investigation. The SCPS is an 18-item instrument designed to measure the frequency of personal (1–9 items) and professional (10–18 items) self-care practices of social workers. The SCPS uses a 5-point Likert scale ranging from 0 = never to 4 = very often, and includes scores in three areas: a summative personal self-care score (0–36), a summative professional self-care score (0–36), and a total score comprising the sum of personal and professional self-care scores (0–72). Higher scores indicate a higher frequency of self-care practices. For this study, Cronbach's alpha was 0.93 for the overall SCPS, Cronbach’s alpha for the personal self-care subscale was 0.89, and that for the professional self-care subscale was 0.87, thereby displaying high internal consistency.

2.2.3 | Statistical analysis

All statistical analyses were carried out using IBM SPSS 26.0. Descriptive statistics were used for demographics and the score of self-care practices. The correlation, independent sample t-tests, or ANOVA analyses were conducted to determine the possible effects or group differences in the personal and professional variables. For the linear regression model, categorical variables were converted into dummy variables. The significance level was set at $p < .05$ (two-tailed).

3 | RESULTS

3.1 | Sample characteristics

This study analyzed the data from 1066 social workers in Fujian Province, China. The typical participant was female (79.49%) and aged 30.56 (SD = 6.89) years. Professionally, the participants reported 3.28 (SD = 3.20) years of social work practice; and 7.66 (SD = 1.01) hours of work every day. The participants’ demographic and professional data are presented in Table 1.

3.2 | Self-care practices

For the overall sample, the total self-care score of Chinese social workers was 43.69 (SD = 11.90). The subscale scores for personal and professional self-care scores were 21.12 (SD = 6.83) and 22.57 (SD = 5.98), respectively. The mean item rating of total self-care was 2.43, indicating that Chinese social workers sometimes participate in self-care practice under the COVID-19 pandemic. Additional data are included in Table 2.
| Social workers' characteristics                              | N (%) |
|--------------------------------------------------------------|-------|
| Gender                                                       |       |
| Male                                                         | 217 (20.51) |
| Female                                                       | 841 (79.49) |
| Marriage                                                     |       |
| Unmarried                                                    | 489 (46.00) |
| Married                                                      | 557 (52.40) |
| Divorced                                                     | 14 (1.32) |
| Widowed                                                      | 3 (0.28) |
| Parenting                                                    |       |
| Yes                                                          | 446 (44.69) |
| No                                                           | 552 (55.31) |
| Education                                                    |       |
| Master's degree or higher                                    | 37 (3.55) |
| Bachelors' degree                                             | 607 (58.14) |
| Vocational education                                          | 355 (34.00) |
| High school and below                                         | 45 (4.31) |
| Monthly salary(¥)                                            |       |
| Less than 3000                                               | 273 (25.66) |
| 3000–4999                                                    | 592 (55.63) |
| 5000–6999                                                    | 146 (13.73) |
| 7000 or more                                                 | 53 (4.98) |
| Service status                                               |       |
| Completely front-line service                                | 545 (51.46) |
| Front-line service and administrative business                | 444 (41.93) |
| Completely administrative business                            | 70 (6.61) |
| Social work license                                          |       |
| Senior social worker                                         | 8 (0.75) |
| Intermediate social worker                                    | 172 (16.15) |
| Junior social worker                                         | 304 (28.55) |
| No                                                           | 581 (54.55) |
| Number of received supervision services in a year            |       |
| 0–10                                                         | 776 (73.48) |
| 11–15                                                       | 166 (15.72) |
| 16–20                                                        | 30 (2.84) |
| 21 or more                                                   | 84 (7.96) |
| School self-care education                                   |       |
| Yes                                                          | 416 (39.25) |
| No                                                           | 644 (60.75) |
| On-the-job self-care education                               |       |
| Yes                                                          | 485 (45.71) |
| No                                                           | 576 (54.29) |
| Job satisfaction                                             |       |
| Very satisfied                                               | 157 (14.74) |
| Somewhat satisfied                                           | 509 (47.79) |
| Neither satisfied nor dissatisfied                            | 303 (28.45) |
| Somewhat dissatisfied                                        | 72 (6.61) |
| Very dissatisfied                                            | 24 (2.26) |
3.3 | Group differences

3.3.1 | Relationships for personal demographic variables

The results showed that marital status had a significant impact on social workers’ self-care practices \( F(3, 1018) = 7.02, p < .001 \). The Scheffe’s post-test showed that the self-care practices of married social workers were significantly higher than those of unmarried social workers. Regarding parenting, the self-care practices of social workers with children were significantly higher than those without children \( t(960) = 3.83, p < .001 \). Age was found to be significantly related to self-care \( r = .07, p < .05 \). To better understand the differences in self-care practices among social workers of different age groups, through the independent sample t-tests, researchers found that the self-care practices of social workers aged 31 years or below were significantly lower than those of social workers aged over 31 years \( t(988) = −2.28, p < .05 \). Participants’ satisfaction with their health significantly affected self-care \( F(4, 1019) = 54.71, p = .001 \). The Games–Howell test suggested that the social workers who reported being very satisfied engaged in significantly higher self-care practices than those who reported being somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied. The social workers who reported being somewhat satisfied engaged in significantly higher self-care practices than those who reported being neither satisfied nor dissatisfied or somewhat dissatisfied (Table 3).

3.3.2 | Relationships for professional variables

In this survey, the independent sample t-tests indicated that the total self-care practices of participants who worked less than 2 years were significantly higher than those who worked 2 years or more \( t(998) = 2.27, p < .05 \). Social workers who worked more than 8 h per day had significantly lower self-care practices than those who worked 8 h or less \( t(1012) = 2.10, p < .05 \). As for the number of received supervision services in a year, the self-care practices of social workers who received more than 15 supervision services in a year were significantly higher than those of participants who received 15 or less \( t(1016) = 2.10, p < .05 \). Social workers who received school self-care education had significantly higher self-care practices than those who did not receive related learning \( t(1018) = 5.91, p < .001 \), and who received on-the-job self-care education were significantly higher than those of workers who did not receive relevant training \( t(1020) = 5.31, p < .001 \). Participants’ job satisfaction yielded significant findings \( F(4, 1020) = 41.59, p < .001 \). The Games–Howell test suggested that the social workers who reported being very satisfied engaged in significantly higher self-care practices than those who reported being somewhat satisfied, neither satisfied nor dissatisfied, nor somewhat dissatisfied, or very dissatisfied. The social workers who reported being somewhat satisfied also engaged in significantly higher self-care practices than those who reported being neither satisfied nor dissatisfied or somewhat dissatisfied (Table 3).

3.4 | Significant predictors

Multiple regression analysis was conducted using total self-care scores as the dependent variable to explore the effects that key predictor variables have on self-care practices. Due to the exploratory nature of this study, the researchers employed general demographic and professional

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**Table 1** (Continued)

| Social workers’ characteristics | N (%) |
|---------------------------------|-------|
| Health satisfaction             |       |
| Very satisfied                  | 144 (13.52) |
| Somewhat satisfied              | 466 (43.76) |
| Neither satisfied nor dissatisfied | 312 (29.30) |
| Somewhat dissatisfied            | 114 (10.70) |
| Very dissatisfied                | 29 (2.72) |

**Table 2** Self-care scores

|                      | Personal self-care subscale | Professional self-care subscale | Total self-care scores |
|----------------------|-----------------------------|--------------------------------|------------------------|
| M                    | 21.12                       | 22.57                          | 43.69                  |
| Median               | 21.00                       | 22.00                          | 43.00                  |
| SD                   | 6.83                        | 5.98                           | 11.90                  |
| Skewness             | 0.17                        | 0.26                           | 0.27                   |
| Kurtosis             | −0.27                       | −0.13                          | −0.09                  |
| Range                | 36                          | 30                             | 60                     |
| Min                  | 0                           | 6                              | 12                     |
| Max                  | 36                          | 36                             | 72                     |
characteristics as predictor variables of total self-care practices scores in this model. This model was statistically significant \( F(23, 819) = 11.69, p < .001, R^2 = .25, \) adjusted \( R^2 = .23 \}. The regression results are shown in Table 4.

The results revealed that the following variables significantly predicted the total self-care practices: marital status: divorce \( \beta = -10.15, p = .001 \); monthly salary: less than ¥3000 \( \beta = -4.70, p < .05 \), ¥3000–¥4999 \( \beta = -3.65, p < .05 \), and ¥5000–¥6999 \( \beta = -4.34, p < .05 \); service status: both front-line service and administrative business \( \beta = -1.86, p < .05 \) and completely administrative service \( \beta = -4.42, p < .01 \); number of received supervision services in a year \( \beta = -3.38, p < .05 \); average hours of work per day \( \beta = -0.88, p < .05 \); school self-care education \( \beta = -3.20, p < .001 \); job satisfaction \( \beta = 1.96, p < .001 \); and health satisfaction \( \beta = 3.42, p < .001 \).
## 4 DISCUSSION AND IMPLICATIONS

This exploratory study investigated the self-care practices of social workers in Fujian Province, China. This is the first research known to the authors to survey the self-care practices of Chinese social workers. As an exploratory study, these findings require further discussion.

First, this study showed that social workers in Fujian Province of China engaged in moderate amounts of self-care, and the level of self-care practices needs to improve further. This result is consistent with previous research that had examined social workers’ self-care practices in the United States (Miller et al., 2020; Miller, Lianekhammy, et al., 2018) and Poland (Miller, Poklembova, et al., 2019).

Second, the analyses revealed significant group differences exist in social workers’ self-care practices. Interestingly, the social workers who had children reported engaging in more self-care practices than those without children, and the age of 31 years was an important demarcation point to distinguish social workers’ self-care practices. These may be related to the traditional Chinese concept of adulthood, reflected by the saying “A person should be independent at the age of 30 years.” In this study, after the age of 31 years, social workers generally entered a stable developmental stage in which they started families. Married respondents were more likely to have dual and stable family incomes. Meanwhile, married people had support from spouses or children, and family responsibilities may encourage social workers to pay more attention to their health practices. These findings may be related to the progression of life course and the caring responsibility required for raising children. Based on the current research results that have not yet reached a unified conclusion, it is necessary to further strengthen research on the influence of the culture of Chinese traditional health on social workers’ self-care practices, and the relationship between life course, caring responsibility, marriage status, income, emotional support, and self-care practices needs to be examined in future research.

In terms of profession, the years of practicing social work influenced self-care practices. The finding seems consistent with the study of Miller, Poklembova, et al. (2019), who showed that social workers who had worked for longer practiced self-care less frequently, but this is contrary to the result of Pope et al. (2017). The possible explanations are that in China, social workers with more than 2 years of experience may be promoted to such positions as project leaders. In their work, social workers not only need to undertake a front-line service but also are responsible for administrative tasks, the burden of which may affect their self-care practices. Current research has not reached a definitive conclusion about the impact of experience on self-care, and further study is required.

### Table 4 Multiple regression predicting social workers’ self-care practices

| Model                                      | β    | SE  | Beta | Sig. |
|--------------------------------------------|------|-----|------|------|
| **Marriage**                               |      |     |      |      |
| Married                                    | Reference |     |      |      |
| Unmarried                                  | −1.99 | 1.28 | −0.08 | 0.119 |
| Divorce                                    | −10.15 | 3.15 | −0.10 | 0.001** |
| Widowed                                    | 5.59  | 7.57 | 0.02  | 0.460 |
| **Monthly salary (¥)**                     |      |     |      |      |
| Less than 3000                             | −4.70 | 1.99 | −0.17 | 0.018* |
| 3000–4999                                  | −3.65 | 1.83 | −0.15 | 0.047* |
| 5000–6999                                  | −4.34 | 1.89 | −0.13 | 0.022* |
| 7000 or more                               | Reference |     |      |      |
| **Service status**                         |      |     |      |      |
| Completely front-line service              | Reference |     |      |      |
| Front-line and administrative business     | −1.86 | 0.83 | −0.08 | 0.024* |
| Completely administrative services         | −4.42 | 1.56 | −0.09 | 0.005** |
| **Number of received supervision services in a year** |      |     |      |      |
| More than 20                               | Reference |     |      |      |
| 20 or less                                 | −3.38 | 1.37 | −0.08 | 0.013* |
| Average hours of work per day              | −0.88 | 0.39 | −0.08 | 0.023* |
| **School self-care education**             |      |     |      |      |
| Yes                                        | Reference |     |      |      |
| No                                         | −3.20 | 0.91 | −0.13 | 0.000*** |
| **Job satisfaction**                       | 1.96  | 0.56 | 0.14  | 0.000*** |
| **Health satisfaction**                    | 3.42  | 0.51 | 0.27  | 0.000*** |

*Note: $R^2 = .25$, $R^2_{adj} = .23$ ($n = 819, p < .001$).

**p < .001. *p < .01. *p < .05.
As for the influence of supervision on social workers' self-care practices, previous studies have shown that social workers who were supervisors engaged in more self-care practices (Miller et al., 2020). Because of the small number of social work supervisors in China, the present study mainly investigated the influence of the number of received supervision services in a year. The finding showed that social workers who received more than 15 supervision services had significantly higher self-care practices than those who received 15 or less. Moreover, this study revealed that both school self-care education and on-the-job self-care education had significant impacts on self-care practices. The results suggest that social work leaders should pay more attention to social workers' supervision services and should incorporate self-care into the toolkit of professional support. Future research should clarify the content, methods, and mechanisms of supervision services and self-care education. These results indicate that it is necessary to change the traditional mindset whereby self-care practices are regarded as personal health exercise behaviors, to redefine self-care more widely from the perspective of holism, system, and pluralism, and to promote more extensive workplace health promotion activities (Miller et al., 2020).

Third, the exploratory model yielded significant predictors of self-care. Regarding the financial situation, previous studies had found that participants who reported always having money available seem to engage in higher self-care practices (Miller et al., 2017; Miller, Donohue-Dioh, et al., 2018). People with the same level of income differ in their assessments of whether that income is adequate (Miller, Lianekhammy, et al., 2018). This study was based on objective monthly salary, further confirming that financial status was an important variable for predicting self-care practices. This finding may show that social workers with relatively stable and high monthly incomes face fewer life pressures and have more time, energy, and financial resources to invest in self-care practices. However, people should also pay attention to the understanding of self-care practices as traditional activities that require a cost input, and from a broader health perspective to expand the cognition of low-cost or non-cost-input self-care practices.

Another interesting result was that the service status was an important factor to predict the self-care of social workers. This finding further emphasized the importance of strengthening professional self-care (Lee & Miller, 2013; Miller, Lianekhammy, et al., 2018). In China, the development of social work is mainly the result of government administrative promotion. Against the background of new managerialism, there is an inevitable tension that needs to be reconciled between specialization and administrative tasks. Social workers engaged in administrative affairs must deal with tasks, indicators, and assessment requirements from government purchasers, social worker evaluators, and social work institutions, so they faced greater physical and mental pressures than the front-line social workers. All these factors squeeze the time and motivation of social workers to engage in self-care practices. In view of this finding, the leaders of social work organizations need to strengthen the support for the self-care practices of social workers who engage in administrative services and integrate self-care into professional development.

Meanwhile, this study verified the importance of social workers' self-care education on self-care practices through empirical methods and found that the school self-care education of social workers was an important predictor of self-care practices. However, this study did not find a predictive effect of self-care on-the-job education. This may be related to the respondents' short working years in social work and less self-care on-the-job education. In China, social work education associations do not have any requirements or recommendations for self-care education for social workers. As the National Association of Social Workers (2008, p. 268) has pointed out, self-care education is an important core skill of social workers (Miller, Poklembova, et al., 2019). In the future, it is necessary to strengthen self-care education for social workers.

This study found that social workers' satisfaction with health and job were important factors in predicting self-care practices. To avoid understanding self-care as traditional individual exercise activities and to explore the impact of professional factors on self-care, this study further clarified the relationship between the organizational environment and self-care practices. Professional factors often interact with personal factors to influence workers' behavior (Miller, Donohue-Dioh, et al., 2018), and social workers can be empowered to participate in the establishment of a healthy workplace (Miller et al., 2016; Miller, Poklembova, et al., 2019). These results also showed that organizations need to develop health promotion plans that include self-care practices (Miller, Lianekhammy, et al., 2018).

Finally, the findings in this study offer practice and research implications. Chinese social work organizations should pay more attention to improving professional systems and working conditions, and should offer assistance to social workers' self-care practices, especially those who are younger, unmarried, have no children, have worked for more than 2 years, and work for more than 8 h a day. According to the needs and characteristics of social workers' self-care practices, the workplace health culture and management methods should be evaluated, and human resources, time, and financial resources should be provided to develop workplace health promotion plans. Future research should analyze the relationship between self-care practices and working years, self-care education, health type, and supervision to further test the findings of these variables in explaining and predicting self-care practices. In addition, follow-up research could analyze the interaction between social workers' self-care practices and other related variables, such as compassion fatigue, professional burnout, and resilience, as well as comparative studies in different countries and regions.

5 | LIMITATIONS

This study provided cross-sectional exploratory research on the self-care practices of social workers in Fujian, China. The research has several limitations. All participants in this study were from Fujian province, and the results may not be representative of social workers in other provinces.
of China, and caution should be exercised before extending the results outside this context. In addition, the cross-sectional approach adopted in this study cannot assess the dynamic changes in self-care practices. Moreover, this study did not include some important variables, such as the number of children, the extent and scope of social workers’ exposure to COVID-19, the mental health symptoms of social workers, and their lifestyle behaviors, which also affected the depth of this study. Future research should address these limitations.

6 | CONCLUSION

In the context of the COVID-19 pandemic, and faced with difficulties and potential dangers in the process of social work, it is necessary to pay more attention to improve social workers’ self-care practices and promote a healthy workplace. This exploratory study revealed the importance of systematically paying attention to social workers’ self-care practices and transforming self-care practices into daily life and work style in the context of China. The results of this study are helpful for social work education and practice. Practitioners in these sectors should consider how to integrate self-care into the existing curriculum system and workplace health promotion, and to act jointly to improve social workers’ health status.

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REFERENCES

Alkema, K., Linton, J. M., & Davies, R. (2008). A study of the relationship between self-care, compassion satisfaction, compassion fatigue, and burnout among hospice professionals. Journal of Social Work in End-of-Life & Palliative Care, 4(2), 101–119. https://doi.org/10.1080/15524250802353934
Bloomquist, K. R., Wood, L., Freidmeyer-Trainor, K., & Kim, H. (2015). Self-care and professional quality of life: Predictive factors among MSW practitioners. Advances in Social Work, 16(2), 292–311. https://doi.org/10.18060/18760
Brown, M.-E. (2020). Hazards of our helping profession: A practical self-care model for community practice. Social Work, 65(1), 38–44. https://doi.org/10.1093/sw/swz047
Coleman, C., Martensen, C., Scott, R., & Indelicato, N. (2016). Unpacking self-care: The connection between mindfulness, self-compassion, and self-care for counselors. Counseling & Wellness Journal, 5, 1–8.
Dorociak, K. E., Rupert, P. A., Bryant, F. B., & Zahniser, E. (2017). Development of the professional self-care scale. Journal of Counseling Psychology, 64, 325–334. https://doi.org/10.1037/cou0000206
Downing, K. S., Brackett, M., & Riddick, D. (2021). Self-care management 101: Strategies for social workers and other frontline responders during the COVID-19 pandemic in rural communities. Journal of Human Behavior in the Social Environment, 31(4), 353–361. https://doi.org/10.1080/10911389.2020.1825265
Grise-Owens, E., Miller, J. J., Escobar-Ratliff, L., & George, N. (2018). Teaching note—Teaching self-care and wellness as a professional practice skill: A curricular case example. Journal of Social Work Education, 54(1), 180–186. https://doi.org/10.1080/00981389.2017.1308778
Lee, J., Miller, S., & Bride, B. (2020). Development and initial validation of the self-care practices scale. Social Work, 65(1), 21–28. https://doi.org/10.1093/sw/swz045
Lee, J., & Miller, S. E. (2013). A self-care framework for social workers: Building a strong foundation for practice. Families in Society, 94, 96–103. https://doi.org/10.1606/1044-3894.4289
Miller, J. J., & Cassar, J. R. (2021). Self-care among healthcare social workers: The impact of COVID-19. Social Work in Health Care, 60(1), 30–48. https://doi.org/10.1080/00991839.2021.1885560
Miller, J. J., Donohue-Dioh, J., Niu, C., Grise-Owens, E., & Poklemba, Z. (2019). Examining the self-care practices of child welfare workers: A national perspective. Children and Youth Services Review, 99, 240–245. https://doi.org/10.1016/j.childyouth.2019.02.009
Miller, J. J., Donohue-Dioh, J., Niu, C., & Shalash, N. (2018). Exploring the self-care practices of child welfare workers: A research brief. Children & Youth Services Review, 84, 137–142. https://doi.org/10.1016/j.childyouth.2017.11.024
Miller, J. J., Grise-Owens, E., Addison, D., Marshall, M., Trubee, D., & Escobar-Ratliff, L. (2016). Planning and organizational wellness initiative at a multi-state social service agency. Evaluation and Program Planning, 56, 1–10. https://doi.org/10.1016/j.evalprogplan.2016.02.001
Miller, J. J., Grise-Owens, E., Owens, L., Shalash, N., & Bode, M. (2020). Self-care practices of self-identified social workers: Findings from a national study. Social Work, 65(1), 55–63. https://doi.org/10.1093/sw/swz046
Miller, J. J., Lanehammy, J., & Grise-Owens, E. (2018). Examining self-care among individuals employed in social work capacities. Advances in Social Work, 18(4), 1250–1266. https://doi.org/10.18060/22320
Miller, J. J., Lanehammy, J., Pope, N., Lee, J., & Grise-Owens, E. (2017). Self-care among healthcare social workers: An exploratory study. Social Work in Health Care, 56(10), 865–883. https://doi.org/10.1080/00981389.2017.1371100
Miller, J. J., Poklembova, Z., Podkowińska, M., Grise-Owens, E., Balogová, B., & Pachner, T. M. (2019). Exploring the self-care practices of social workers in Poland. *European Journal of Social Work, 31*, 84–93. https://doi.org/10.1080/13691457.2019.1653828

National Association of Social Workers. (2008). National association of social workers membership workforce study: Overview of survey participants. National Association of Social Workers.

National Association of Social Workers. (2020). Self-care during the coronavirus pandemic. NASW. https://www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus/Self-Care-During-the-Coronavirus-Pandemic

Newell, J. M. (2020). An ecological systems framework for professional resilience in social work practice. *Social Work, 65*(1), 65–73. https://doi.org/10.1093/sw/swz044

Pope, N., Giger, J., Lee, J., & Ely, G. (2017). Predicting personal self-care in informal caregivers. *Social Work in Health Care, 56*(9), 822–839. https://doi.org/10.1080/00981389.2017.1344755

Shepherd, M. A., & Newell, J. M. (2020). Stress and health in social workers: Implications for self-care practice. *Best Practices in Mental Health, 16*(1), 46–65. https://doi.org/10.1093/sw/swy049

World Health Organization. (2020). Self care during COVID-19. World Health Organization. https://www.who.int/news-room/photo-story/photo-story-detail/self-care-during-covid-19#:~:text=Physical%20distancing%2C%20good%20respiratory%20hygiene,disease%20pandemic%2C%20including%20for%20your

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