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Experiencing Joy:
Personal Narratives of Hospice and Palliative Care Social Workers

by

Kyle Paige Murray, B.A.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members

Laurel N. Bidwell, MSW, Ph.D., LICSW, (Chair)

Ted W. Bowman, M.Div

Mari Ann Graham, MSW, Ph.D., LISW

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

EXPERIENCING JOY

Abstract

A vast majority of the existing research explores the negative impacts that the profession of social work has on its practitioners. Much attention has been given to topics like secondary or vicarious trauma, burnout, and compassion fatigue. There are far fewer studies that explore the positive aspects of social work practice. The concept of joy is often missing from the literature about social work. The purpose of this study was to explore the narratives of joy of social workers practicing in hospice and palliative care. Using an exploratory qualitative design, eight graduate level social workers were interviewed about their experiences of joy in their hospice or palliative care practice. Data were analyzed according to guidelines of hermeneutic phenomenology. This study looked for the essential truths of the social workers' lived experiences of joy in their work. The findings indicated that for social workers, joy is cultivated in relationships. Participants in this study also noted that joy is a result of experiencing fulfillment and bearing witness to client fulfillment. Joy is described as energizing and motivating, and for the social workers in this study, joy provided a necessary balance in emotionally heavy work. These findings highlight the importance of congruence of self and work in social work practice. Experiencing joy in social work practice may enable social workers to better comply with and reinforce the values and principles set forth by their professional mandate.

Keywords: joy, hospice, palliative care, social work

EXPERIENCING JOY

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Experiencing Joy: Personal Narratives of Hospice and Palliative Care Social Workers

Introduction

A vast majority of the existing research explores the negative impacts that the profession of social work has on its practitioners. Much attention has been given to the topics of secondary or vicarious trauma, burnout, and compassion fatigue (Bride, Figley, & Radey, 2007; Pooler, Wolfer, & Freeman, 2014). There are far fewer studies that explore positive aspects of social work practice. Given that social work is considered a strengths based profession this reality is startling. Why aren't there more studies that explore these dimensions? There may be tremendous benefit to exploring experiences of compassion satisfaction, personal growth, and joy for social workers.

A core value of the social work profession is connected to practicing empathy and compassion. "In the most basic sense, clinical social workers are guided by compassion for humanity and an altruistic desire to improve individual and societal conditions" (Figley & Radey, 2007, p. 207). Hospice and palliative care are areas of social work practice that exemplify these core values (Small, 2001). According to The World Health Organization (WHO), palliative care enhances quality of life for "patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual" (*WHO definition of palliative care*, n.d.). In other words, palliative care focuses on comfort care and quality of life while trying to manage pain, symptoms, and stress during chronic and serious illnesses. On the continuum of care, hospice, then, supports and upholds a palliative philosophy for people at the end stages of their life, when

curative measures are no longer possible. The National Hospice and Palliative Care Organization (NHPCO) explains,

Hospice provides support and care for persons in the last phases of an incurable disease so that they may live as fully and as comfortably as possible. Hospice recognizes that the dying process is a part of the normal process of living and focuses on enhancing the quality of remaining life. (“Hospice philosophy statement,” 2010)

Using compassion and empathy, hospice and palliative care social workers strive to enhance quality of life for patients and their families.

Within these and all contexts, social work considers the needs of human beings from a person-in-environment perspective. Social workers view people as bio-psycho-social-spiritual beings; hospice and palliative care address all these aspects of human life as well. It is within this systems-perspective that the parallel processes of social work can be considered. While helping to provide comfort, meaning, quality of life, and moments of joy for patients and their families, do social workers also experience these things?

As social workers seek to improve individual and societal conditions, compassion is something that can be depleted as well as renewed. This can be further understood by examining the concepts of compassion fatigue and compassion satisfaction, along with other negative and positive impacts that the profession has on its practitioners. Some common occupational risks for social workers regularly identified in the literature are burn-out and secondary trauma; however, it should be noted that some occupational rewards have been identified, such as subjective well-being, resilience, and personal growth (Alkema, Davies, & Linton, 2008; Bride, Figley, & Radey, 2007; Collins, 2008;

Graham & Shier, 2011; Harr, 2013; Slocum-Gori, Hemsworth, Chan, Carson, & Kazanjian, 2011). The concept of joy, though, is often missing from the literature about social work (Pooler, Wolfer, & Freeman, 2014).

In the practice areas of hospice and palliative care, the concepts of practitioner compassion fatigue and compassion satisfaction have received special attention, as they are believed to have direct impact on the services being provided for clients and patients (Alkema, Davies, & Linton, 2008; Slocum-Gori, Hemsworth, Chan, Carson, & Kazanjian, 2011). This raises concerns regarding ethical social work practice. Ethical practice is predicated upon a social worker's ability to provide competent and effective service for clients. When negative work experiences begin to impact social worker well-being, client well-being may at risk. In order to provide ethical care, social workers must aim to increase their own personal sense of well-being, satisfaction, and practice self-care (Harr, 2013; Lipschutz, 2010). By cultivating the core virtues of "wisdom and knowledge, courage, humanity, justice, temperance, and transcendence" (Cooper & Lesser, 2011, p. 134) and developing a reflective practice that devotes attention to well-being, social workers may be better equipped to combat the negative impacts of the profession.

Social work practice emphasizes the primacy and power of human relationships and the therapeutic alliance. It is fitting, then, that narrative strategies are important in social work practice. Narrative therapy is a model that focuses on language and places emphasis on clients' stories. In addition, this form of therapy externalizes problems and in it, social workers take a stance of not knowing. Narrative strategies allow people to speak for themselves, to give voice to their own experiences, struggles, problems, and

hopes for change; clients are given the chance to claim some power in their role as narrator of their own life's story. Miley, O'Melia, & DuBois state, "social workers withhold any professional commentary to encourage clients to tell the stories of their lives" (2010, p. 316).

In the medical field, particularly in the area of hospice and palliative care, there has been a recent shift toward something called narrative medicine. The aim of this practice is to incorporate narrative story gathering into the medical model. Physicians and other clinicians have focused on understanding how stories impact the practice of medicine. Dr. Rita Charon and Dr. Eric Cassell teach that language and narrative are powerful tools, especially for those who are experiencing illness and those who are suffering (Cassell, 2004; Charon, 2001; Galchutt, 2014). Social workers regularly utilize narrative in hospice and palliative care to help patients and families.

Narratives can also be considered a useful tool to understand professionals' experiences. Social work practitioners and other professionals use language and narrative to find meaning in and make sense of their own professional practice (Charon, 2001). Bingley et al. note that "stories, therefore, gain a particular relevance at times of life transition or change, seemingly as a way of 'sense making' or attempting to shape and manage the shifting ground of our lives" (2008, p. 654). For caregivers, social workers, medical providers, and patients in hospice and palliative care, stories are important tools.

This study aims to investigate the personal narratives of social workers practicing in hospice and palliative care. How do hospice and palliative care social workers define and experience joy in their work? How do those experiences impact their sense of satisfaction? Using hermeneutic phenomenological analysis, this study will examine

those questions and explore the subsequent implications for social work education and social work practice.

Literature Review

A fundamental goal in the field of social work is human flourishing, the empowerment of people to develop and live to their fullest potential. Philosophers dating back to Aristotle describe this concept as eudaimonia – the realization of human well-being, happiness, and flourishing – the good life (Adams, 2009; McBeath & Webb, 2002). Eudaimonia is at the heart of social work practice. The preamble to The National Association of Social Workers' Code of Ethics declares, "The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people" (1999). Special emphasis and focus is given to the well-being and the needs of those who are poor, vulnerable, and oppressed. Social workers practicing in the field of hospice and palliative care make efforts to reduce suffering and improve quality of life for people with chronic, serious illness and their families. For those in hospice and palliative care, in the midst of chronic illness and perhaps even end of life, the goals of comfort and overall quality of life hint at the ongoing quest for eudaimonia, for flourishing and fulfillment.

Most people who enter into the social work profession are guided by a desire to help others, to work for eudaimonia (Harr, 2013; Lipschutz, 2010). However, social work professionals may be especially susceptible to neglect their own well-being as they focus on serving others (Kanter, 2007; Lipschutz, 2010). Professionals who work with people, particularly with people experiencing trauma, grief, and loss, are at risk for their own "significant emotional, cognitive, and behavioral changes" (Bride, Figley, & Radey,

2007, p. 155) which may result from empathically entering into memories or moments of traumatic and painful experiences with their clients or patients.

A great deal of the existing research literature explores the negative impacts that the profession of social work can have on its practitioners. Much attention has been given to the topics of secondary or vicarious trauma, burn-out, and compassion fatigue (Bride, Figley & Radey, 2007; Pooler, Wolfer, & Freeman, 2014). This literature review will begin with an exploration of some of these occupational risks. Recently, some studies have begun to focus on the positive aspects of social work practice, though, such as experiences of compassion satisfaction and personal growth (Bride, Figley, & Radey, 2007; Craig & Sprang, 2010; Stramm, 2005, as cited by Harr, 2013). Therefore, occupational rewards will also be reviewed and examined. Then, strategies to decrease occupational risks and increase occupational rewards will be considered. Finally, this review will include an examination of the phenomenology of joy and the experience of joy.

Occupational Risks

For those in the helping professions and for social workers in particular, compassion fatigue and burn-out have been identified as inherent occupational risks (Harr, 2013; Bride, Figley, & Radey, 2007). The experience of compassion fatigue, which is sometimes referred to as vicarious trauma or secondary trauma, is quite normal (Bride, Figley & Radey, 2007). However, if severe, it can become an ethical issue for social workers. When practitioner compassion fatigue interferes with the services provided to clients, when a social worker's judgment, effectiveness, and competency are

impaired, then there are very real ethical issues that need to be addressed. Further exploration and understanding of these concepts is required.

Compassion fatigue. At times the words compassion fatigue, secondary trauma, and burn-out have been utilized interchangeably, though they do not actually have the same meaning (Craig & Sprang, 2010; Harr, 2013; Kanter, 2007). It has been suggested that compassion fatigue deals primarily with the negative impact that working with traumatized patients or clients has on the practitioner (Bride, Figley, & Radey, 2007; Harr, 2013). The practitioner may vicariously experience the traumatic event experienced by their client. Some suggest that compassion fatigue leads to reduced satisfaction and higher risks of poor judgment for practitioners (Bride, Figley, & Radey, 2007).

Burn-out. Similarly, the concept of burn-out is typically thought of as having negative impact on practitioners. Burn-out is usually defined by the presence of three elements: “exhaustion, cynicism, and inefficacy” (Harr, 2013, p. 74). Burn-out often has to do with conflict – conflict between organizational demands, overwhelming job responsibilities, and an individual facing little financial reward or positive recognition (Harr, 2013). It has been noted that both compassion fatigue and burn-out contribute to psychological distress. However, burn-out may heighten or contribute further to one’s experience of compassion fatigue (Harr, 2013).

Signs and symptoms. Some common signs and symptoms of compassion fatigue and burn-out that have been identified throughout the literature are: decreased self-esteem, apathy, feelings of hopelessness, difficulty concentrating, irritability, perfectionism, and isolation or withdrawal (Bride, Figley, & Radey, 2007; Harr, 2013; Lipschutz, 2010). There are also emotional and behavioral signs such as “anxiety, guilt,

anger, fear and sadness” (Harr, 2013, p. 73) and “appetite changes, hyper-vigilance, sleep disturbances, and memory loss” (Harr, 2013, p. 74). These symptoms have a direct impact on the quality of care and service that social workers provide for clients and patients.

Occupational Rewards

Though there are many studies on the negative impacts of social work on practitioners, there has been some recent research exploring the positive factors and positive outcomes of social work practice. For instance, research has focused on areas of compassion satisfaction, subjective well-being, resilience, and personal growth (Alkema, Davies, & Linton, 2008; Collins, 2008; Graham & Shier, 2011; Slocum-Gori, Hemsworth, Chan, Carson, & Kazanjian, 2011).

Compassion satisfaction. On the other end of the spectrum from compassion fatigue is the notion of compassion satisfaction. Compassion satisfaction speaks to the sense of satisfaction or pleasure that is derived from helping others and from doing one’s work well (Bride, Figley, & Radey, 2007; Craig & Sprang, 2010; Stramm, 2005, as cited by Harr, 2013). Rather than having a negative impact on practitioners, the concept of compassion satisfaction serves as a positive motivator. The literature proposes that more research is needed to understand the relationship that exists between compassion fatigue and compassion satisfaction.

A 2011 study specifically targeted workers in the hospice and palliative care (HCP) workforce in Canada and aimed to understand the relationship between compassion satisfaction, compassion fatigue, and burn-out for those workers (Slocum-Gori, Hemsworth, Chan, Carson, & Kazanjian). The findings of this study indicate that

there is “a significant negative correlation between compassion satisfaction and burnout ($r = -0.531, p < 0.001$) and between compassion satisfaction and compassion fatigue ($r = -0.208, p < 0.001$)” (Slocum-Gori, Hemsworth, Chan, Carson, & Kazanjian, 2011, p. 172). The findings of this study also suggest that higher levels of compassion satisfaction are impacted by professional affiliation and part-time work status. For people working in hospice and palliative care, these findings point to the need for education and training programs that maximize compassion satisfaction, and also affirm the importance of self-care for mitigating compassion fatigue (Slocum-Gori, Hemsworth, Chan, Carson, & Kazanjian, 2011).

Subjective well-being. The literature suggests that overall subjective well-being, that is, how someone generally feels about their life, is impacted by work satisfaction (Fouché & Martindale, 2011; Graham & Shier, 2011). This is something social workers should be attuned to in order to enhance their own well-being, in addition to the well-being of their clients and of society. If social workers can increase their compassion satisfaction and subsequently increase their work satisfaction, perhaps their overall subjective well-being will also increase.

Posttraumatic growth. Calhoun and Tedeschi (2004) have introduced the term posttraumatic growth. They suggest it means “positive psychological change experienced as a result of the struggle with highly challenging life crises” (p. 1). Their work indicates, as do the beliefs of many major world religions, that suffering and distress may have transformative power (Calhoun & Tedeschi, 2004). Further, they postulate that “the development of the individual’s personal life narrative and posttraumatic growth may mutually influence one another” (Calhoun & Tedeschi, 2004, p. 12).

Research also suggests that on the flip side of vicarious trauma, social workers may experience vicarious resilience (Pack, 2014). Social workers dealing closely with trauma may actually be able to bounce back or ameliorate some of the trauma in their work because of their personal search for meaning (Pack, 2014, p. 18). Specifically for clinicians working with sexual abuse, there have been a number of energizing factors identified, such as “use of support, humor, spirituality, and ongoing trainings” (Pack, 2014, p. 18) that encourage vicarious resilience rather than traumatization.

Personal growth. In addition to the concept of posttraumatic growth, research has studied the impact of work experiences on the personal growth of practitioners. A qualitative study conducted by Isabelle DeArmond (2013) investigated the psychological experiences of hospice workers, looking at the influence of their frequent and repeated interactions with death and dying. In this study, “Personal growth was conceptually defined as a process of turning inward and integration of personal experiences into a larger reality” (DeArmond, 2013, p. 281). According to her research definitions, “Personal growth had to be perceptible by the participant and the researcher as a source of joy and satisfaction” (DeArmond, 2013, p. 283). The narratives analyzed in this research found that, particularly for hospice workers, empathy is a “vector for personal growth” (DeArmond, 2013, p. 297). The process of reflecting and turning inward led to personal growth and personal transformation.

Working in a hospice produces a personal transformation, a broadening of consciousness with, at times, a breakthrough in the transcendent level of existence. In the relationship between the hospice worker and the dying person, dying is a symbol of transformation. Caring for the dying is practicing for one’s

own death and a form of renewal in the life of the hospice workers. (DeArmond, 2013, p. 297)

Finding joy. To date, there is only one found study that specifically explores the topic of finding joy in social work practice. In 2008, Pooler, Wolfer, and Freeman set out to study social workers who “find great joy in their work” (2014, p. 35) in an attempt to address the lack of attention the literature gives to the positive experiences of social work practice. Rooted in appreciative inquiry and positive psychology, their study interviewed 26 U.S. social workers spanning ages 23 – 73 (Pooler, Wolfer, & Freeman, 2014). Their findings, published in 2014, offer four main ways in which social workers find joy in their work: “making connections, making a difference, making meaning, and making a life” (Pooler, Wolfer, & Freeman, 2014, p. 36). These clusters were further separated into two categories, interpersonal sources and intrapersonal sources (Pooler, Wolfer, & Freeman, 2014, p. 36). By looking deeper into practitioners’ narrative experiences of joy there may be implications for social work education and social work practice. What emerges from all of these studies is the reminder that both social workers’ negative and positive experiences will impact services provided for and to clients.

Strategies to Decrease Risk and Increase Reward

An ongoing goal of social work practice and social work research may be to how to minimize the occupational risks and increase the rewards of the profession. Some research has already attempted to address this. Harr (2013) points out, “individuals employed in the helping professions must also take responsibility for their own self-care and well-being” (p. 82). The literature has identified some potential factors that may mitigate the harmful impacts of compassion fatigue and burn-out and encourage

compassion satisfaction. In addition to self-care, support, mindfulness and reflective practice, practitioner experience, and practitioner competency have all been suggested as things that diminish compassion fatigue and burn-out (Graham & Shier, 2011; Harr, 2013).

Self-care. The concept of self-care is mentioned in the literature as a strategy to manage stress, burn-out, and compassion fatigue and to increase one's own sense of well-being (Fouché & Martindale, 2011; Graham & Shier, 2011; Harr, 2013). Bride and Figley (2007) offer this insight: "Applied to compassion satisfaction among clinical social workers, we suggest that influenced by discernment and judgment, affect, physical, intellectual, and social resources, and self-care impact each other reciprocally" (p. 208).

A study that looked specifically at hospice professionals explored the relationship between self-care and compassion satisfaction. Professionals working in hospice and palliative care are regularly exposed to and regularly experience stressful events. Previous research has indicated HCPs frequently encounter: "(a) death and dying, (b) grieving families, (c) personal grief, (d) traumatic stories, (e) observing extreme physical pain in patients, (f) strong emotional states such as anger and depression, and (g) emotional and physical exhaustion" (DiTullio & MacDonald, 1999; Keidel, 2002; Payne, 2001 as cited by Alkema, Linton, & Davies, 2008, p. 102). In their study, Alkema, Linton, and Davies (2008) found that "Results indicated a relationship between self-care strategies and lower levels of burnout and compassion fatigue, and higher levels of compassion satisfaction" (p. 101). Significant correlations were found between compassion satisfaction and emotional care, spiritual care, and having balance between work and personal life (Alkema, Linton, & Davies, 2008). This could indicate the

importance of holistic self-care practices, especially for hospice and palliative care professionals.

The study by Alekma, Linton, and Davies (2008) also found a relationship between length of time in the profession and self-care. “The results suggested that HCPs with more months of service in the profession seem to be taking care of themselves in all areas of self-care to a greater extent than those with less experience” (p. 115). Perhaps this implies that professionals with more experience and professionals who choose to stay in the fields of hospice and palliative care utilize a variety of self-care strategies. Further, perhaps these self-care strategies are what help them maintain their professional tenure and satisfaction. The presence of compassion satisfaction may be related to their subjective well-being.

Support. Cynthia Harr (2013) points to “support” as a major strategy for increasing compassion satisfaction. She indicates that social support can and should come from many places – from organizational leadership, administration, supervision, team members, friends, and family members.

Reflective practice. Perhaps occupational rewards are directly related to self-reflection and the development of a reflective social work practice. According to the research by Pooler, Wolfer, & Freeman (2014) a common source of joy for social workers (for 76.9 percent of study participants) was “finding and making meaning” (p. 215). This research suggests that this is “related to participants’ reflective and interpretive process regarding the significance of their work in their lives” (Pooler, Wolfer, & Freeman, 2014, p. 215). DeArmond’s study also showed that for hospice workers, their work is often contemplative, regularly a time for turning inward and reflection (2013).

Miley, O'Melia, and DuBois (2011) point out that reflective practice is crucial to effective and ethical social work practice (p. 89). Reflective practice impacts social workers and their clients. Social workers' reflections on and interpretation of their experiences of joy and meaning making in practice will be beneficial for understanding social worker well-being.

Meaning making and sense making. In her seminal work on ambiguous loss, Pauline Boss (2006) explores the phenomenology of meaning. Meaning is explained as the ability to "make sense of an event or situation" (Boss, 2006, p. 74). Viktor Frankl's logotherapy is also concerned with meaning and sense making. Frankl says,

The perception of meaning, as I see it, more specifically boils down to becoming aware of a possibility against the background of reality, or to express it in plain words, to become aware of *what can be done* about a given situation. (1954, p. 169)

According to logotherapy, people may arrive at or find meaning in life in three ways: in work, in love, and in attitude toward suffering or tragedy (Frankl, 1954, p. 170). Finding meaning and sense making are also essentials in life and in the quest for eudaimonia. "Without meaning, human resilience is gone" (Boss, 2006, p. 74).

Finding meaning in grief and suffering. Social workers in hospice and palliative care are regularly exposed to grief and loss. However, in her research about hospice, DeArmond (2013) indicates that personal growth and finding meaning often accompanies the grief process. The regular exposure to the grief and loss that social workers encounter in hospice and palliative care, then, may lead to personal growth. Suffering may be

transformed into something meaningful. According to Frankl, “in some way, suffering ceases to be suffering at the moment it finds a meaning. . .” (1954, p. 135).

Use of narrative. Use of narrative and storytelling is a growing movement within hospice and palliative care. Berzoff (2008) gives the reminder that “often very sick patients or their families need to tell their stories, sometimes again and again, in order to make meaning out of their circumstances” (p. 179). Stories and the sharing of stories are powerful tools for meaning making (Boss, 2006).

Social workers in particular are tasked with ensuring that patient and family narratives have a place in the treatment plan and in stress and symptom management during hospice and palliative care. The use of narrative is also highly important for grief work in the context of hospice and palliative care. Boss (2006) says, “Ultimately the communal sharing of narratives helps people find meaning” (p. 88).

Narrative competence. Dr. Rita Charon (2001) suggests that physicians need to practice with narrative competence. She defines this as “the competence that human beings use to absorb, interpret, and respond to stories” (Charon, 2001, p. 1897). The same standard of competence can be applied to social workers. Social workers need to be able to absorb, interpret, and respond to client stories. Dr. Eric Cassell (2004) believes “whenever two people sit opposite each other they tell stories” (p. 157). He notes that within narrative medicine, patients and doctors tell stories. When social workers and clients sit together, they, too, tell stories. He continues, “The single most important tool that reveals persons through their stories is their use of language” (Cassell, 2004, p. 157). Language reveals beliefs, attitudes, and values, as well as an understanding of the self.

According to Rita Charon (2001), “Narrative considerations probe the intersubjective domains of human knowledge and activity, that is to say, those aspects of life that are enacted in the relation between 2 persons” (p. 1898). For social workers, relationships have central importance. In hospice and palliative care, social workers not only attend to patient and family stories, and patient and family experiences of meaning making, it seems there is a parallel process occurring. Social workers themselves may find meaning and experience growth and transformation as a result of their work. Berzoff (2008) advises, “In order to stay with the client’s narrative, the social worker needs to find some coherent meaning in the story and allow it to become a part of a larger narrative of the social worker’s professional experience” (p. 179). Social workers, too, can be considered persons-in-environment; their work environment impacts their own whole person well-being. By using the same framework to listen for and understand clinician narratives in this unique setting and philosophy of whole person care in hospice and palliative care, clinicians, too, can be empowered. Social workers may be able to use their personal narratives to further understand their work, their beliefs, attitudes, and values, as well as themselves.

Phenomenology of Joy

Boss (2006) explains, “Phenomenology is a theoretical perspective that views truth as somewhat relative, but not with all things and not at all times. Phenomenology, then, is the critical study of perceptions” (p. 77). Meadows (1975) studied the phenomenology of joy, and through his work, established the Joy Scale, a 61 item scale that describes how it feels to be joyous (p. 42). Based on his research, Meadows (1975) found that there are social dimensions of joy. This was “reflected in the numerous

instances of joy involving meaningful interpersonal, love, and sexual relationships in our sample” (Meadows, 1975, p. 48). This suggests then, that joy is relational. “Joy inclines the person toward affiliative social relationships, is highly pleasurable, and involves high activation. The self is experienced as the center of power and vitality” (Meadows, 1975, p. 51). Meadows’ research helped him establish his concept of joy. He says, “Joy is the fulfillment of an important yearning or desire which is considered crucial to one’s own flourishing” (Meadows, 2014, p. 99). This harkens back to the search for eudiamonia. Joy may be a crucial variable in that search.

The Experience of Joy

A researcher studying therapeutic change inquired about experiences that trigger joy. “By investigating the conditions and the processes responsible for life satisfaction and joy, we can learn a great deal about the conditions and processes that bring about mental health, because life satisfaction and joy are core indicators of mental health” (Dick-Niederhauser, 2009, p. 195-196). If the aim of social work is to create a society in which all persons flourish, this would mean both social workers and clients alike would flourish.

To flourish, social workers experience the joy of helping others and find satisfaction with their work. This joy and satisfaction can lead to compassion satisfaction, including a sense of fulfillment derived from seeing clients suffer less and watching them transform from the role of victim to survivor. (Bride & Figley, 2007, p. 208)

Transformation seems to be a key factor related to the experience of joy. The research by Dick-Niederhauser (citing Groskurth, 1988) points out “Joy is subjectively experienced

as a much ‘deeper’ emotion than pleasure, and has been characterized as resulting from an existential self-transformation” (2009, p. 197). Further, joy is experienced in the process of self-transformation. For clients, patients, and social workers, when transformation occurs, joy and personal growth may be experienced.

Given the unavoidable occupational risks that come with the profession of social work, and in particular, the risks for social workers practicing in hospice and palliative care, this research study seeks to understand how hospice and palliative care social workers define and experience joy in their work. Subsequently, how do experiences of joy (uncovered through personal narrative) impact satisfaction for social workers in hospice and palliative care settings? This study examines those questions and the resulting implications for social work education and social work practice.

Conceptual Framework

The conceptual framework for the current study combines aspects of virtue ethics, relational theory, and transpersonal theory. Together, these lenses acknowledge that individuals are striving for self-actualization and growth and that this occurs within a relational context. Joy can be considered a virtue, as well as a relational and transpersonal experience.

Virtue Ethics

The NASW Code of Ethics states that as professionals, social workers have ethical responsibilities to their clients, to their colleagues, to their practice settings, to the profession, and to society as a whole (1999). A special section of this Code addresses personal impairment. Section 4.05 (a) indicates that social work professionals “should not allow their own personal problems, psychosocial distress, legal problems, substance

abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility” (1999). To be ethical practitioners and provide competent and effective service for their clients, it is imperative that social workers themselves experience well-being, happiness, and a sense of flourishing.

The concept of virtue ethics in social work practice focuses more on the character of the decision maker than on the decision at hand. In this framework, ethical practice is the direct result of the disposition, the character, and the virtues of the social worker (Adams, 2009). This implies that the social worker can develop certain virtues and character traits. The virtues of the social worker are what drive actions and specific social work interventions. The professional use of self will be guided by the character and the particular virtues of the practitioner. “Virtues connect the inner self to action” (McBeath & Webb, 2002, p. 1030). Here, the practice of social work is a reflection of internal values and virtues. Virtues can be explained “as those character traits a human being needs for *eudaimonia* – that is, to flourish and live well as a human being” (Adams, 2009, p. 90). Since social work practice is an attempt to establish *eudaimonia* for all human beings, it is essential for virtues to be part of the equation.

In a study across cultures and history, Peterson and Seligman (2004) identified six important core virtues, “courage, justice, humanity, temperance, transcendence, and wisdom” (as cited in Adams, 2009, p. 92). These virtues can serve as a guide for the social work profession. In addition, the qualities of “critical analysis, capacity for reflection, and confidence” (Pullen-Sansfacon, 2010, p. 414) have been highlighted as potentially helpful for social work practice. Adams (2009) adds, “Social work is a field

for the exercise of all the virtues together” (p. 88). Each of the six key virtues are accompanied by and guided by character strengths, and those strengths can also serve as a buffer against the negative impacts of social work practice (Cooper & Lesser, 2011).

Relational Theory

Relational theory is also well suited for the exploration of joy in social work practice. Relational theory takes into consideration the person-in-environment framework. “The relational perspective provides contexts of understanding for social workers in their ongoing efforts to connect biological, psychological, and social domains of concern and to enlarge conceptions of persons in their environments” (Hutchison, 2011, p. 137). Given that joy has been found to be affiliative, the relational theory seems especially fitting.

In addition, relational theory takes empathy and mutuality into account. There is mutuality between social worker and client.

The relational approach enriches the concept of practitioner empathy by adding the notion of mutuality. The ability to participate in a mutual relationship through the use of empathic communication is seen as a goal for the client’s growth and development, as well as a mechanism that allows for change in worker-client relationship and beyond. (Hutchison, 2011, p. 137)

Empathy is a tool for growth. The inter-subjectivity of narrative will be viewed through this lens, and can be seen as an opportunity for growth for both client and social worker.

Transpersonal Theory

Finally, transpersonal theory is concerned with human growth and human potential (Canda & Furman, 2010; Hutchison, 2011). According to transpersonal theory,

people grow in two directions: inward and outward. Canda and Furman (2010) indicate “the complete or true Self is attained when one’s awareness and actions encompass the full arc of inward and outward growth” (p.192). From this perspective, both social workers and clients aim for attainment of their highest potential (Canda & Furman, 2010). Transpersonal theorists believe that growth and transformation are possible in the midst of crisis and suffering (Canda & Furman, 2010; Hutchison, 2011). In the search for eudiamonia, people grow inward and outward in order to flourish.

The presence of each of these theoretical lenses directly impacted the formulation of this study. Virtue ethics is a philosophical area of study of special interest to the researcher. The research topic itself, joy in hospice and palliative care social work practice, suggests that joy is present for social workers in those particular areas.

The influence of virtue ethics, relational theory, and transpersonal theory must be taken into account throughout this research; the data gathered during the interview process and that was subsequently analyzed was filtered through these lenses, which believe that individuals are striving for self-actualization and growth and that this occurs within relationships. The conceptual frameworks and the subjectivity of the researcher are an active part of this research process. By utilizing these frameworks, the researcher is attuned to regard lived experiences in connection to virtues, relationships, and growth toward self-actualization.

Methods

The purpose of this study was to explore the personal narratives of joy for social workers in hospice and palliative care. This research aimed to expand the literature to

include new insights into the positive experiences of social workers, in particular, finding or experiencing joy in their practice.

Research Design

A qualitative, exploratory research design was used for this study. Semi-structured interviews with primarily open-ended questions were utilized with the research participants, inviting them to share their experiences of joy in their work in the areas of hospice and palliative care. Data were then analyzed according to hermeneutic phenomenology.

Sample

Eight graduate level social workers practicing in the areas of hospice and palliative care participated in this study. The initial research recruitment flier was emailed to professional social workers through the Metro Area Palliative Care Social Workers Group, which is an informal professional support network. Additional potential participants were identified using a snowball sampling technique whereby interested participants were asked to distribute the study flier to other potentially interested participants. Interested participants were asked to forward the recruitment email and research flier to their chosen recommended colleagues or professional contacts.

Interested parties were then asked to contact the researcher via email or phone and submit their contact information (email, name, phone number) for further details about the study. Once potential participant contact information was received, detailed information about the study was provided in the preferred format, either via phone call or email, along with the consent form. Upon reviewing the consent form and learning more

about the research, interested participants who wished to continue were invited to schedule interviews.

Of the eight graduate level social workers interviewed for this study, four currently work in hospice and four currently work in inpatient palliative care. Two of the four palliative care social workers also identified that they have previous work experience in hospice. Interview subjects were all women, and they ranged in age from 26 years old to 65 years old ($M = 42$ years old). All interviews were done in MN. Seven interviews took place in the Twin Cities Metro Area, and one took place outside of the metro region. All interviews were audio recorded.

All of the research participants are currently licensed in the state of MN. Three participants are LGSWs (Licensed Graduated Social Workers), four are LICSWs (Licensed Independent Clinical Social Workers), and one is a LISW (Licensed Independent Social Worker). Their combined sum of years in social work practice totals over 114 years. Participants in this study have worked specifically in the areas of hospice or palliative care for a range of approximately one and one half years - 22 years.

Data Collection

This qualitative research study used a semi-structured interview as its primary tool for data collection (Berg & Lune, 2012). Eight research interviews were conducted in person and they were all completed in approximately one hour. Open-ended questions were developed based on a review of existing literature on the topics of compassion fatigue, burn-out, compassion satisfaction, personal growth, and joy. Several interview questions were adapted from the 2014 Pooler, Woolfer, & Freeman study, which was rooted in David Cooperrider's appreciative inquiry. During the interviews, several

spontaneous follow up questions were included, for further clarification about statements made by the participants. Generally, interview questions asked the participants to describe and define their experiences of joy while working in hospice and palliative care. They were also asked to identify any observed or experienced factors that contributed to their experiences of joy. For a complete list of interview questions, please see Appendix A. The interviews were recorded with a digital audio recorder. Then these interviews were transcribed for review and coding of data. Data collected and transcribed was de-identified.

Data Analysis

This study aimed to use a qualitative analysis of personal narratives, guided by hermeneutic phenomenology. Qualitative research offers “a deeper and richer understanding of people’s lives and behavior, including some knowledge of their subjective experiences” (Monette, Sullivan, & DeJong, 2011, p. 224). Since the purpose of this study was to explore social workers’ experiences of joy while practicing in hospice and palliative care, the aim of these interviews was to listen for and recognize the emic themes within the personal narratives of someone practicing in the social work field (Berg & Lune, 2012). The focus was on finding the essence and the *essential truths* of the narratives of their lived experience.

The method of analysis followed guidelines of hermeneutic phenomenology established throughout history by philosophers Edmund Husserl, Martin Heidegger, Hans-Georg Gadamer, Paul Ricoeur, and educator Max van Manen (DeArmond, 2013; Lindseth & Norberg, 2004; Rich, Graham, Taket, & Shelley, 2013). This approach is “characterized by contextualization and amplification” (DeArmond, 2013, p. 282).

Hermeneutic phenomenology is a methodology that is both descriptive and interpretive (Rich, Graham, Taket, & Shelley, 2013). Therefore, the subjectivity of this researcher was an important part of the study.

Immediately after completing each interview, the researcher took written notes to create an interview summary, which included initial impressions, stand-out phrases and potential thematic elements. She then listened to each audio recording multiple times. The researcher personally transcribed all of the audio recorded interviews verbatim; the interview transcripts then served as the narrative texts for this analysis. While performing multiple close reads of the transcripts, the researcher marked and divided the narratives into key words, phrases and statements, which were considered “meaning units” (Lindseth & Norberg, 2004, p. 149). Meaning units were then condensed into sub-themes and then into themes (Lindseth & Norberg, 2004). During this process the researcher took notes and wrote reflective journal entries to develop the theme lists. The initial identified themes were also collapsed and condensed, taking into consideration the parts and the whole of the narrative texts (Lindseth & Norberg, 2004; van Manen, 1990). After reviewing her initial findings with the research committee, the researcher revised, reworded, and restructured some of the themes to better express the essence of the narratives.

Ultimately, this analysis attempted to understand and establish themes that expressed the essence of social workers’ lived experiences (van Manen, 1990). van Manen’s approach describes four existentials which are considered fundamental to all lived experiences: lived space, lived time, lived body, and lived human relation (1997). Lived experiences are seen holistically, through the presence and interaction of each of

these existentials. Lindseth and Norberg (2004) state, “When performing a phenomenological hermeneutical interpretation, our aim is to disclose truths about the essential meaning of being in the life world” (p. 151). These findings reflect the researcher’s interpretation of the essential meanings disclosed in the participants’ narratives of joy -- their lived experiences of joy in space, time, body, and human relation. Direct participant quotations are used to validate the findings.

Protection of Human Subjects

Using a template provided by St. Catherine University, a study consent form was drafted by the primary researcher. This consent form was approved by the research chair and the institution’s IRB (Institutional Review Board). This study’s consent form addressed the purpose of the study; it identified the researcher and also explained the procedures that were used, the risks and benefits of participation, issues concerning confidentiality, and the voluntary nature of the study. This consent form also provided contact information for the primary researcher and for the research chair. Prior to beginning the interviews, the consent form was reviewed with each participant, and they were asked to sign a copy. For the purposes of this research project, approval was granted by the St. Catherine University IRB (Institutional Review Board). The primary researcher also completed CITI (Collaborative Institutional Training Initiative) Training in Social and Behavioral Research. CITI Training is a nationwide online program that promotes research professionalism and the protection and safety of human subjects.

Findings

This research study explored the question: how do hospice and palliative care social workers define and experience joy in their work? It also explored how experiences

of joy impact social worker satisfaction in hospice and palliative care settings. Five major themes emerged in this study: joy is cultivated in relationships (joy is “being with”), joy is a result of an experience of fulfillment, joy is found in moments of transition, joy is energizing and motivating, and joy provides balance. Each theme and its sub-themes will be explored further in this section. First, though, some context will be provided for understanding the research questions about joy.

As these interviews began, each participant was asked to provide their personal definition or understanding of the word joy. Those definitions will be explored here, in order to establish a foundation and provide background for the overall research findings. Overwhelmingly, the study participants defined joy as something related to the senses. Joy was found to be both a feeling and an expression. Joy was described as a phenomenon both felt and experienced, as well as something that might be seen and observed. It was defined as something both internal and external, and it was often related to depth and fullness. Social workers in this study used language that pointed to joy as both a noun and a verb – joy was defined as a thing and an action. Table 1 below illustrates their definitions.

Table 1: What does the word joy mean to you?

Research Participants	Participants’ Responses
<i>Participant #1</i>	I think is probably like the peak of happiness. Unexplainable happiness. Body warmth. Something when you do it, all the senses just come alive and you just feel this warm, warm feeling. . . It just kind of embodies like, like I said the peak of happiness. . . Joy is just something that fills you up, it fills you up physically, it fills you up emotionally. When I think of joy, I think of like our pastor telling my husband and I that we are now husband and wife, the minute my daughter was born. Watching my friends and family accomplish their life goals. The little things of everyday that make us smile. That’s what I think of.
<i>Participant #2</i>	A feeling of, and expression, it can be an expression.

<p><i>Participant #3</i></p>	<p>I guess a feeling that wants you to express something positive, happy. Secure kinds of feelings.</p> <p>To me, I think joy means just having a full heart. . . Joy is a lot like happiness. But I think of joy more as like a fullness and a wholeness of things.</p>
<p><i>Participant #4</i></p>	<p>I think that it's kind of an internal and external feeling of kind of contentedness and at times happiness. . . Sometimes it contradicts itself. Because sometimes it's kind of exciting, that feeling of accomplishment...but there are other times where it manifests where it's just, just kind of peace and calm. Knowing things went well and the right thing happened, I did the best I could...it's not always loud and boisterous. But sometimes.</p>
<p><i>Participant #5</i></p>	<p>To me the word joy means a place of very deep and sustained contentment, of happiness.</p>
<p><i>Participant #6</i></p>	<p>I think it means a lightness of being. And maybe a contentment. Serenity.</p>
<p><i>Participant #7</i></p>	<p>Well, happiness. We use the phrase 'moments of joy' in our work. . . I don't know, happy moments. Maybe it's a little, on the happiness scale, on the high end. Joy might be a brighter spot. A bright spot.</p>
<p><i>Participant #8</i></p>	<p>Joy I think is finding satisfaction and happiness in the things that you're doing in your life. No matter if it's your work or your home life. Having a sense of ownership for what you do and enjoying the things that you spend your life doing. Feeling proud of what you do and kind of wearing that hat proudly of who you are and what you do.</p>

Of the eight social workers interviewed, the vast majority (seven participants) endorsed that they do find or experience joy in their current hospice or palliative care social work practice. One participant indicated that joy is not something she experiences in her current professional role. However, she does find that her work contributes to her sense of joy in life. She made this distinction:

There is joy in my life because of the work that I do. And I think that this work has definitely heightened my awareness of that.

She added that in the absence of joy, she identifies and experiences *wonder and awe* in her current social work practice.

The reported frequency of the experience of joy in participants' current social work practices varied. Of the seven participants who indicated that they experience joy in their current practice, three participants reported that they experience joy in their work daily. Two participants reported that they experience joy in their work weekly, and one participant indicated that she experiences joy in her work monthly. Finally, one participant did not specify a frequency, but she indicated that she believes she experiences or recognizes less joy in her work now (after being in the role for four years) than she did when she was just starting out. She shared:

And now since we're doing it all the time it seems like that joy just lessens. 'Cause it's a feeling we've just gotten too used to, to where we don't know how to recognize it anymore.

When asked about their intentions to remain in the practice areas of hospice or palliative care, half of the participants responded that they intend to remain in this type of practice indefinitely. Three participants indicated specifically that they intend to continue to work in this area of practice until their retirement. One respondent indicated that her intention is to remain in this area of practice for two – three more years. She added, however, that working part-time as opposed to full-time may make a difference in that time frame.

These initial definitions and details, then, will serve as the basis and the starting point for understanding the overall research questions: how do hospice and palliative care

social workers define and experience joy in their work? How do those experiences of joy impact their satisfaction?

Five overarching and dominant themes emerged from this research on social workers' experiences of joy: joy is cultivated in relationships (joy is "being with"), joy is a result of an experience of fulfillment, joy is found in moments of transition, joy is energizing and motivating, and joy provides balance. These primary themes and their sub-themes will now be explored in more detail.

Joy is Cultivated in Relationships (Joy is Being With)

The importance of relationships was found to be present in and influential on participants' experiences of joy in their social work practice. Engaging in relationships was a key component and common factor amongst all of the personal narratives of joy in this study. All seven respondents who reported that they experience joy in their current social work practice revealed that joy is cultivated in relationships. As one participant in this study reflected on joy, she put it this way:

It's often a shared moment. So, you're feeling joy and usually the other people, family or patient, is feeling joy. So it's a shared experience.

Joy is experienced in the being with another; it is an experience of being there and being present. One social worker, while talking about joy in her work, described this:

Sometimes it's just being with people. Just being present can go a long way.

Another participant reported that joy is experienced in several different types of relationships within her practice. She said she experiences joy:

Not only with patients or families but I would say with staff at places. I always like to mingle with the staff when I go to a facility or a hospital. With coworkers.

Various relationships cultivate and enhance joy in social work practice. Relationships help social workers experience, see, process, and reflect upon joy. In this research study, these various relationships represent three sub-themes: social workers cultivate joy in relationships, in the being with 1) clients and family members, 2) the team, and 3) mentors.

Clients and family members. Seven research participants' narratives of joy in their current practice were rooted in their work with clients and/or their families. Each social worker recalled details of a particular client or clients with whom they worked. Their narratives of joy indicated that joy was found or experienced while working with and being with others. One social worker stated:

Doing this work over the past you know, 5 years, I just remember a lot of people that I've met along the way. And those people, they cause me to be really joyful.

Participants' descriptions of joy detailed various ways of being with clients and/or their family members. One hospice social worker said:

It might just be holding someone's hand.

Another shared:

I was kneeling at bedside, he was in bed and I was trying to figure out what it was he was saying. He was asking me something.

One of the palliative care social workers described joy in one particular instance of being with a family in this way:

Just me being able to be there yesterday to listen to what they thought they had heard and to clarify their misperceptions in the process of the hospital and the sequencing of radiation and medical oncology and therapy and all these other

things. . . my presence helped to diffuse a lot of anxiety they were feeling and just made everybody feel that much more comfortable.

For the participants of this study, joy is cultivated in relationships with clients and their families. Social workers experience joy while being physically and emotionally present with clients and their family members.

The team. Social workers in this study recognized the significance and the importance of colleagues and team members in their work as well. Respondents agreed that their colleagues play an important part in their social work practice and in their experiences of joy. Four participants (half of respondents) explicitly named the value they find in being on a team. One social worker remarked,

Just having those team members that you can relate with and interact with, and that go-to person that you can call if there's a question or a crisis or "What do I do?" That can all help to bring a little joy and help in your day.

Relationships with team members are crucial in this work. Another participant shared this insight,

This work is really heavy and we have to support each other. So we share our joys and sorrows with each other as a team. Which I am so lucky to have.

Being with the team and having a space to support one another and debrief was found to be an important element in this work. Being part of a supportive team was found to positively impact social workers in this study. One participant observed,

You know within this work there needs to be a kind of trust level. . .But having the ability to work with people, that I mean, we all get along. We all kind of pick up on cues when the other person is stressed and try to share the load and that kind

of looking out for each other and that kind of responsiveness to one another I think is needed to be able to be successful but also to feel kind of, renewal. . . We're all in it together.

On the other hand, though, when support was missing on a team, it was found to be a source of frustration or distress. One participant shared,

I remember talking to this one spiritual care provider on our team one time, and we were talking about our frustrations with feeling like maybe our services weren't maybe recognized or valued even sometimes by our own team.

Two other participants in this study also discussed the stress that comes along with changes within the team unit, and spoke to the added burden of training in new team members. When changes to the work team occur, there is a shift in the overall system.

One social worker described it in this way,

The grief that I went through this last few weeks is when one of my nurses leaves. It's really, really hard. . . You know, it's very intimate work. So you develop close bonds with your team.

Team support, collaboration, stability, and encouragement were all factors that contributed to participants' descriptions of cultivating joy through relationship.

Mentors. Relationships with mentors were also areas where joy was cultivated. Mentors and guides were identified as both professional supervisors and also clients. Half of the respondents (four out of eight) spoke about the influence of a supervisor or mentor in their hospice or palliative care practice. One participant shared,

I had a phenomenal coach, the social worker I worked under.

Another participant recalled of her past supervisor and mentor,

Well I remember . . . thinking and hoping that someday that I could be like her. Like be as good as she is. She made a very strong impression on me when I first met her . . . Just as somebody that mirrored, or held the qualities of social work, that I saw as, "This is what got me into the field. This is why I'm here."

One participant also cited that some of her joyful experiences came from her own role as a mentor and being able to teach others and pass on her practice wisdom.

Joy is a Result of an Experience of Fulfillment

For the social workers in this study, joy was found to be a result of an experience of fulfillment. Social workers in this study described the phenomenon and experience of fulfillment in a number of different ways. This is seen in the sub-themes 1) finding their niche, 2) fulfilling social work role, values, and ethics 3) bearing witness to client fulfillment and 4) being of value and being valued. Participants in this study talked about finding their niche in their particular area of practice. They also explored the fulfillment of their social work roles, values and ethics and bearing witness to client fulfillment. Social workers also discussed the joy experienced as a result of being of use and being valued for their work.

Finding their niche. The majority of social workers who participated in this study (seven out of eight) spoke about finding their *niche* in the area of hospice or palliative care. Various participants shared that both personal and professional experiences pointed them toward their current social work practice in hospice or palliative care. One participant stated,

In a way, I knew I kinda wanted to do this work but didn't know what capacity. And at the same time, the work just kind of found me. . . This is just my niche.

Another described this goodness of fit and finding her niche in this way,

I feel that the job very closely resembles who I am when I'm not at work. . . I think recognizing that there are areas where I am really comfortable where not everybody is was an important kind of a-ha moment for me. . . I feel at home. I feel like this, this is very natural and comfortable. I feel like I'm really good at it. And I hope that comes through. There isn't the added work of trying to figure out how to fit in or how I am doing it or is this really what I want to do.

In a similar way, another participant echoed finding her niche and finding a good fit in this specific area of social work practice. She said,

. . . I just kind of thought that's my niche. These people need extra support and extra TLC and that's what I want to do.

These participants expressed that they find and experience a goodness of fit with their role and their chosen area of social work practice. There is an alignment between who they are and where they practice. They express a certain sense of rightness about their work in hospice or palliative care. Another participant shared,

It has just been the perfect job for me. I have finally found what I love to do. . . I feel myself.

All eight of the participants in this study identified and spoke about their love for the work they do, their deep internal connection and comfort in an area of practice that many others may not like. Nearly all of the participants (seven out of eight) noted the counter-cultural aspects of their work, as well, being willing and able to talk openly with people about suffering, chronic illness, death and dying. There is something uniquely

purposeful in this area of social work practice, and these research participants felt they are working to fulfill that purpose. As one participant suggested,

Even though it's really hard it's also, I think, a really important and really radical thing to be doing.

Fulfilling social work role, values, and ethics. Along with the personal and interpersonal goodness of fit within the area of hospice or palliative social work practice, participants also expressed that joy can be experienced in the fulfillment of social work roles, values, and ethics. Many of the participants described congruence between their social work practice and the overarching values and ethics set forth by NASW (National Association of Social Work). NASW identifies these primary values and ethics as: “service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence” (1999). One hundred percent of respondents discussed the importance of human relationships in their work. Six participants’ narratives of joy also involved instances of honoring client self determination, advocating for their clients, and providing competent and effective service. For example, one participant noted:

I guess the root, the common denominator is really being able to help ensure people are getting the experience or having their wishes followed. I think it is a big thing to me that's really integral to social work, kind of advocating for people's rights and wishes and what they want.

Another participant in this study noted that it is important for social workers to provide useful or meaningful service for their clients. She noted:

I was able to help make the last chapters of their life a little bit better than they would have been, had they not been connected to the palliative care service.

Looking ahead, one social worker in this study speculated about the correlation between competence, development of clinical skills, and experiencing joy. She said,

As I continue to grow as a social worker and clinician hopefully I will get more and more joy as I learn more clinical skills and how best to reach people.

For social workers in this study, joy results from the fulfillment of their social work role, values, and ethics.

Bearing witness to client fulfillment. Participants in this study also described the power of bearing witness, the power of honoring and helping fulfill client wishes. Four social workers explained that they experienced joy as they witnessed their clients experience joy or the fulfillment of their wishes. One palliative care social worker provided this example in her narrative:

And the joy on her face was: "I was heard, I was respected. My choice is probably not common." But it was a privilege to be her advocate. . . I felt joy in that moment. Because she has the right to make an unsafe choice.

After recalling a particular client story in detail, a hospice social worker remarked,

So that was like a last wish that she was able to fulfill. So, those are the joyful moments.

Another hospice social worker recalled an experience with a client who was able to reconnect with family members before her death. The social worker shared,

Before she died, there were some reconciliations with some family. And oh I remember one of these final days where everybody in the room would be singing

and crying. And it was quite an experience. And I saw it as joy filled. . . I'm sure she was filled with joy at the end there.

Finally, another palliative care social worker talked about being able to witness, honor and help fulfill a client's wishes.

The patient herself . . . had written out one of the most complete and comprehensive health care directives I had ever seen. We were able to get a copy of that, and that dramatically altered the plan. We were able to pull things together, pull the family together and explain why even if they wanted these things, we now had this document, her own expressed wishes, from her, that changed the plan of care. . . For me and I think for all of our team there was that kind of that satisfaction and joy in knowing that all of our hard work in maintaining that relationship with this challenging family, and then finding and confirming this health care directive was valid, altered this person's end of life experience ultimately.

Social workers in this study experience joy when they fulfill their personal as well as professional purpose. They also experience joy as they bear witness to clients' experiences of fulfillment.

Being of value and being valued. The importance of being of use, of value, and being valued also emerged in this research. For hospice and palliative care social workers, it was powerful and meaningful for both clients and practitioners alike to experience being seen, valued, heard, and acknowledged. Social workers' personal narratives of joy relayed not only witnessing clients' experiences of joy, but also recognizing their own joy when they and their work were valued and appreciated. In this

study, all eight participants referred at some point to the importance of being valued, being thanked, being appreciated, and being recognized for their presence and their work.

One participant revealed,

That family said that my conversation with them made the world of difference to them yesterday. And just that my presence helped to diffuse a lot of anxiety. . . after hearing that feedback then brought me a lot of joy, thinking, you know even though I didn't feel like I did a lot, I had a bigger impact than I thought I had.

In day to day practice, social workers are not always informed of or aware of how their contributions are received or interpreted. One participant disclosed,

It wasn't until about a year later I got a long letter of thank you from her. She said "it has taken me this long to write this letter because it was difficult" . . . she just said how important a role I filled at that time. And it was really beautiful.

Another participant simply observed the importance of being thanked. She mentioned,

It's not all terrible. There are a lot of days that are just really cool and you get a lot of thank yous and it makes up for the days you don't.

Another social worker shared that joy was found in a relationship with a daughter of a patient. She said,

She was really supportive of the work that I did. So I felt like I was helpful. Sometimes you don't always feel that you're helpful.

Similarly, another social worker reported that her joy came from the gratitude of a patient and family.

The wife just gave us all a big hug. "Thank you so much for what you do. It's so appreciated and we're just so grateful to have you." So hearing those words is

just so meaningful. And they're so powerful. Because it's those little pieces that kinda help us continue to do our work every day. Because that gratification, that sense of acknowledgement is so important. Especially in this work when it can be so difficult. I think just that acknowledgement was a lot of joy for our team yesterday.

Joy is Found in Moments of Transition

Throughout the interviews in this study, joy was described in a temporal way. The essence of time revealed itself to be an important factor related to participants' definitions of and experiences of joy. Joy was often described as a specific moment in time, a particular unit or measurement of time. Joy was also explained as time spent in the context of certain relationships (with others, with the self, with the divine/transcendent). Throughout the personal narratives, joy was identified and characterized by time.

Participants noticed that time and timing had a powerful impact on their practice, which also relates to their experiences of joy. Five of the social workers' narratives specifically highlighted the importance of moments of transition in their work and their experiences of joy. One participant indicated she experienced joy and satisfaction when the timing of a particular intervention felt right. She said:

You know just landing there at the right time, being in the right time and the right place. And helping people with the important transition.

Another participant mentioned:

When you feel like you've helped somebody, just to be their resource and get to the right place and the right outcome? It's really wonderful. It is joyful.

The rightness of time, place, and purpose contributed to social workers' experiences of joy. The participants' narratives of joy pointed toward specific moments of transition with people in their work. One social worker stated:

We get to kind of witness and walk people through these transitional times in their life that they're not gonna forget. And there's a lot of honor in that and a lot of privilege in that. And that's I think the thing that gives us joy. Just witnessing these, what seem to us maybe seemingly everyday little transitions in our lives. But we get to witness that and be part of that and that's what gives me the most joy.

One other social worker recalled a specific case. She said:

This case went really well from the beginning when the husband was in the hospital room and I got to meet them at the intake. We supported them at home, for as long as he could do the care at home with the help of his daughter. And then, at what seemed to be just the right time for them, went to a hospice residence. And they were so happy to have that done. . .so that's the joyful part.

The journey. Five social workers in this research study also referred to *the journey* and *being part of the journey* throughout their narratives. Social workers described accompanying their clients and their families through a variety of transitions in their life's journeys, particularly as it came to end of life. Joy was experienced in the transitional moments of the journey. As one social worker said:

So while it's his death journey, it's her transition journey into what might be another 5, 10, 15 years of her living alone. And I get to be the one to kind of hold her hand to make that jump. You know if he dies here and then I intercept her and

say “How can I help you now that he’s gone?” There’s all these journeys we get to be a part of.

For social workers in this study, joy was found in being part of an important moment of transition in someone’s journey.

Joy is Energizing and Motivating

Experiencing joy was found to be energizing and motivating for the majority of social workers in this study. One participant in this study described joy as *the saving grace* of her social work practice. Seven of the eight participants in this research described joy as something that allows and encourages them to keep going, to continue doing difficult work. One hospice social worker said,

If I couldn’t experience joy, the way hospice turns out, in most cases, I couldn’t do it. . . But it just, it just is the necessity. It’s a necessity, really.

Similarly, another hospice social worker shared:

Having fun and experiencing joy makes the job worthwhile. So I’d say it’s pretty important to me. Otherwise, particularly this job, could be really draining and sad if you just let it all feel like grief. . .

One participant commented on the energizing and motivational natures of joy in her work, saying:

It’s what makes you wanna come to work everyday. . .The joy pushes you forward. It reminds you that there is joy in this work. And joy is the enjoyment in your job. You wouldn’t be here if it were all terrible.

Another participant offered this insight about experiencing joy in her practice:

It's kinda what keeps us going and keeps us energized. And keeps us motivated to keep coming back every day to do good work and be good advocates for our patients and ensure their quality of life and their needs are being met. So having that joy just makes it more fun to come back to work the next day and start fresh.

Another social worker added that experiencing joy impacts how she practices:

You know that the days or the weeks where I do feel more of that joy, I think I have a better attitude while I'm here. And maybe a better presence.

Participants in this study linked their experiences of joy to not only their job satisfaction, but also to their overall life satisfaction. Seven of the study participants stated that they *enjoy* their work and their particular area of social work practice. One participant commented on the relationship she sees between experiencing joy and enjoying her work.

If you experience joy you wanna keep going back to work. It's just like with any job satisfaction. If you love your job you're happy to go there and you're happy to get your tasks completed and you're happy to do the things that are in your so-called job description. And so I think that's the same here. If you enjoy the work and you enjoy the people you work with and the patients and the family members, then you're more apt to come back and do a good job the next day.

Experiencing joy at work provides motivation to do good work. One other participant shared this insight about joy:

It allows me to keep coming back and doing what I do. I think joy, it's kind of like a re-energizing.

Similarly, the social worker who talked about wonder and awe in her work, rather than joy, described those experiences as nourishing and perhaps necessary. She explained,

I really feel like there isn't joy in the work that I do but there are other things that make it really amazing and at times nourishing. And there are things that make it really difficult too, that are depleting I'll say for lack of a better word at times.

But . . . At the end of the day, you hope it balances out.

For the social workers in this study, joy was identified as something energizing and motivating.

Joy Provides Balance

The concept of balance was referenced or alluded to in some way within all eight of the interviews in this study. The word *balance* itself was utilized 24 various times by participants. In all of the interviews, participants noted the full spectrum of emotion that is encountered in their areas of social work practice. Hospice and palliative care social workers in this study often referred to their work as *heavy*. This study found that joy provides balance. This theme also uncovered several related sub-themes: 1) joy fills you up, 2) the importance of self-care, and 3) balancing life and death.

All eight participants acknowledged the difficult nature of dwelling with grief and loss so regularly in their work. They spoke about the challenge to find the right emotional balance working in hospice and palliative care practice. One participant noted,

You're dealing with so many types of emotion that people can see as negative.

And you need to balance that with some joy.

Another participant noticed that a range of emotion could be experienced within one encounter,

And you know what sometimes those crisis situations or those really tough moments are sometimes the ones where you do feel the most joy out of them also. So it's just kind of having the balance also of really tragic things with not so tragic ones. I mean, it's just kind of that balance of everything.

Experiencing joy provides balance in the midst of heavy or tragic work.

Joy fills you up. Many participants in this study considered the idea of therapeutic use of self, and reflected upon what it means to give of themselves in these especially emotional areas of social work practice. One participant stated,

Of course I always want to do the best I can do, but it just doesn't feel like you really are putting your whole heart and your whole self into the work. . . So I think in a way when I define joy like having a full heart, I think that's a good way to describe that too. Because if you're not feeling that joy, then your heart is low, and it is hard to give from a low supply. . . So your if your joy is like having a full heart, and working with people helps you replenish that, then there's more of you to give.

In this study, joy, as well as wonder and awe, were described as what *fills you back up*. Six out of eight participants described their experiences of being filled or re-filled in their work. One social worker commented on the balance between being depleted and being filled up.

So you don't just get depleted, depleted, depleted with giving. I think joy fills you back up. So you can continue doing the work.

Another described a similar impression,

I mean I think the wonder is nourishing in a way. That's kind of what fills my soul, when on other days my soul feels completely depleted and drained.

One social worker described the concept in this way:

I do remember situations that didn't go as well, or regrets that I've had. But the joys stand out, and I feel like they are engrained a little stronger in my memory. I think on those difficult days, when you can draw on past successes or past joys it really helps you to continue. I think it kind of blows air in the life raft that keeps you afloat.

In a role where social workers are often required to give of themselves, joy is something that, when received and experienced, provides nourishment. Joy fills people up, and it keeps them afloat.

The importance of self-care. Participants in this study pointed out there may be a cyclical relationship between joy, self-care, and effective practice. One social worker explained,

I think that practicing good self-care also helps to feel more joy at work. . . So I think that in a way, self-care is also kinda closely tied to joy. And when I think about my friends who are social workers who I went to undergrad or grad school with and have changed jobs or been unhappy in jobs, it seems like a lot of it is just cause they're not feeling that joy. They don't have that meaning that they're getting from their work anymore. It's just a job and not a pleasant feeling at work. And so I think some of that does come down to self-care too, in a way.

Another social worker shared that social workers have a responsibility to pay attention to their own self-care.

Because you really have to keep yourself in check. And make sure you're taking care of yourself. Because self-care can be so important. And you know, we get drilled about that is school. Self-care, self-care, self-care. Yes, yes, yes. I know. Self-care. But really, it's so important because of the ups and downs in the emotions of our job.

Self-care, in addition to joy, is necessary to maintain balance.

Balancing life and death. Participants also discussed the balance between life and death that is seen and experienced in their work. Participants mentioned some common misconceptions that they encounter about hospice and palliative care. One participant noted about her work,

It's not all death and dark and terrible.

Another participant explained,

See they think gloom and doom, death and dying, and I tell them our goal is to help you LIVE as comfortably as possible for as long as possible.

Another participant stated,

I would say maybe hospice has taught me to find that joy. . .If you focus on really what the work is, it can be a sad occupation to be in. I have a lot of people ask me, "Hospice? Why? You work with dying people all the time, why would you want to do that?" Well it's so much more than that. Just because they're on hospice doesn't mean they're dying tomorrow. Some of them do, but you get so much time with them that's enjoyable and remarkable.

Many others shared that encountering illness and death in their work provides them with a greater appreciation for life. One participant shared,

I find this work very motivating instead of being very depressing. I think this work is just a reminder to me every single day that life is more about the small things in life. And I try to take the things I learn here at work and carry those and live those out in my life outside of this building.

Another participant disclosed,

But I ended up finding that going to a funeral was really life affirming. And, you know, sad of course for the patient and the family, but to feel that, renewal about what life is all about. And what do I want to do about my life, to make it meaningful.

All eight of the participants in this study responded that they have experienced personal growth as a result of their work. They discussed life lessons and perspectives they have gained because of their chosen areas of practice, especially as it relates to the balance between life and death. One social worker revealed,

I think that definitely this work has changed how I look at life and how I interact and let the people I know that I care about, let them know. And just some of those pivotal life things of recognizing: this life is finite. It will end. And we have choices. I see some of the worst of the worst at times and it makes me appreciate things differently. And also puts things in perspective as a parent.

All of the participants in this study reported that they continue to learn and grow because of their work, both personally and professionally.

Discussion

The purpose of this study was to explore the personal narratives of joy for social workers currently practicing in hospice and palliative care. This research aims to expand

the literature (the written research narratives) to include new insights into the positive experiences of social workers, in particular, finding or experiencing joy in their practice.

In the current social work literature, many studies talk about the negative impacts and the potential dangers of this challenging and emotion filled work. Jung describes the union of opposites in the quest for wholeness (Yunt, 2001). With that notion in mind, the question surfaces: do social workers experience positive emotions or outcomes as well as the negative? Might there be benefit, as opposed to detriment, in their chosen area of practice? In contrast to the negative experiences of social work practice that are often written about such as burnout, compassion fatigue, and secondary trauma, this study gives voice to different stories. Using questions adapted from the Pooler, Wolfer, and Freeman (2014) study which was rooted in the principles of positive psychology and appreciative inquiry, this study focuses on social workers' positive experiences.

van Manen's (1997) approach to hermeneutic phenomenology describes four existentials considered fundamental to all lived experiences: lived human relation, lived body, lived time, and lived space. Following that framework and those existentials, this study finds that joy is experienced within the context of human relation. Joy is cultivated in relationships (being with). Additionally, this study shows that joy, as lived in body, is a result of an experience of fulfillment. Joy is energizing and motivating. Joy is also experienced as lived time. For social workers in this study, joy is found in moments of transition. Finally, joy as lived space reveals that joy provides balance. This study illuminates that joy cultivated in relationships is found to be motivating and energizing, while providing necessary balance for the social workers who participated in this research.

This study confirms and reinforces the findings from earlier studies done by Meadows (1975) and Pooler, Woolfer, and Freeman (2014) -- joy is affiliative and relational. The social workers in this study echoed that there are both interpersonal and intrapersonal sources of joy in social work practice (Pooler, Woolfer, & Freeman, 2014). Social workers in this study point to the importance of shared experiences. For the participants in this study who experience joy in their current hospice or palliative care practice, that joy is often cultivated within a variety of relationships in their work.

In this research, one hundred percent of the participants discussed the importance of human relationships. At its core, social work practice is relational work. One of the foundational ethical principles of social work as outlined by the NASW is the importance of human relationships. Social workers are trained to act with and on behalf of others. Ultimately, the findings of this study correspond with and confirm this fundamental social work principle. This study reinforces that the very essence of social work is social and relational.

This research finds that in addition to relationships with others, social workers are also influenced by other factors. Understanding each of those elements – experiences of fulfillment, moments of transition, and balance – can provide further insight and potential implications for further social work education, practice, and research.

The concept of fulfillment was named and described in various ways by the participants in this study. One significant area for consideration and discussion is the goodness of fit and personal fulfillment that occurs when social workers find their *niche*. The social workers who participated in this study revealed that joy was a result of honoring one's own sense of vocational calling and honoring the social work principle of

fit within their chosen area of practice. Social workers may experience fulfillment and flourishing – eudaimonia - in this way. Joy, then, was the result of eudaimonia.

According to Aristotle, someone experiences eudaimonia when “he is essentially who he is called to be. Eudaimonia consists in the possession of the highest good which is the fulfillment of his essential self” (Meadows, 2014, p. 145). It may be that the social workers in this study who describe their *niche* experience joy, well-being, and satisfaction because they are able to, through their profession and chosen area of practice, be their truest, essential selves. Several participants talked about feeling *at home* or feeling like themselves in their work. This alignment between inner self and outer self helps social workers flourish and thrive. It was after social workers found this inner and outer alignment and fulfillment of their purpose that they experienced joy.

This inner and outer fit, this experience of eudaimonia, is also seen in the embodiment of the social work roles, values, and ethics described by participants. In hospice and palliative care practice there is an added emphasis on quality of life and honoring client self determination. Social workers named that some of their experiences of joy are associated with helping to honor and fulfill client wishes. This creates an experience of joy for clients and social workers alike. When the focus and philosophy of hospice and palliative care is on comfort and quality of life, the aim is to help people flourish, for as long as possible, in the time they have remaining.

This study also reveals there may be a particular significance related to the implications of time, timing, and transitional moments in these areas of social work practice. This may be linked to the heightened sense of mortality and the frequent reminders of the fragility of life seen in this work, summed up by one social worker, *This*

life is finite. It will end. For social workers in this research, joy was found while accompanying moments of transition. Transition was not only described in the context of end of life and death, but ultimately as an important shift or change in someone's journey.

Facing chronic illness and death proved to be, for some social workers, life affirming. For many, it may be counterintuitive to think about even the possibility of the presence of joy in areas of practice that focus consistently on difficult topics: chronic, serious illness, pain and symptom management, grief and loss, end of life, and often, for many, death. These are often areas filled with sorrow, crisis, pain, and existential distress. This study finds that the work, and the relationships within the work, though, have taught social workers important lessons and provided powerful perspectives on what is important, especially about what people value at the end of their lives. Practicing in hospice or palliative care is seen as a powerful educator about life, relationships, and about how to spend time and energy in meaningful ways.

As social workers share in vulnerable and difficult moments with others, they may also gain a sense of meaning, purpose, and fulfillment. Many of the social workers in this study spoke about learning what really matters and redefining what's important in their lives because of their work. They gain perspective about life as a result of their work related to chronic illness and end of life.

Hospice and palliative care social work practice dwells closely with grief and loss and suffering. There is a challenge and a mandate to join with people, in an attempt to alleviate suffering. To bring comfort and strive for quality of life, keeping the whole person in mind. Social workers in these areas of practice meet patients and families at a

particularly vulnerable and potentially pivotal time in their lives. The philosophies of hospice, palliative care, and social work are closely linked. Social work has long-held a whole person and whole system view.

It is interesting to note the whole person perspective that was highlighted within this research. Social workers talked about their selves, their souls, and their hearts. Though it was not discussed explicitly in the findings, three participants also spoke about the spiritual implications or components of their work. This corresponds with the hospice and palliative care philosophies, which take the whole person and whole system approach. Clients are seen through a bio-psycho-social-spiritual lens and social workers speak about themselves in the same fashion. This whole person perspective is certainly not limited to hospice and palliative care settings, but perhaps it is exemplified there.

In order to honor the whole person, one must also recognize the full range of emotion and the full extent of the human experience. There is both/and – birth and death, joy as well as sorrow. Ecclesiastes (3:1-8 King James Version) declares:

To every thing there is a season, and a time to every purpose under the heaven:
A time to be born, and a time to die; a time to plant, and a time to pluck up that which is planted; A time to kill, and a time to heal; a time to break down, and a time to build up; A time to weep, and a time to laugh; a time to mourn, and a time to dance; A time to cast away stones, and a time to gather stones together; a time to embrace, and a time to refrain from embracing; A time to get, and a time to lose; a time to keep, and a time to cast away; A time to rend, and a time to sew; a time to keep silence, and a time to speak; A time to love, and a time to hate; a time of war, and a time of peace.

The dual process model of coping with bereavement (Stroebe & Schut, 2010) should be noted here. This framework describes an oscillation model between confrontation of and avoidance of loss. There are two different types of coping presented: loss oriented and restoration oriented (Stroebe & Schut, 2010). Here, people are encouraged to move back and forth between both extremes, to attend to grief work and also attend to new life. In a way, this model of coping could be applied to the duality found within hospice and palliative care social work practice. Social workers must address both loss and restoration. This relates directly to one of the themes found in this study – joy provides balance.

Participants in this study point out that in hospice and palliative care social work practice, and perhaps in all areas of social work practice, though the primary focus is on caring for others, it is important to pay attention to the self. Since social workers use themselves as the primary tool in their practice and their practice is relational work, it is important for social workers to practice self-care. Interestingly, previous research points out “Self-care begins by recognizing the need for personal replenishment and renewal” (Harr, 2013, p. 83).

The therapeutic use of self was discussed by participants in this research in language that described being both *depleted* and *filled up*. For this, and many reasons, the concept of balance was discovered to be important. Perhaps joy is what counteracts the self being drained and depleted. When the self is drained or depleted, the work, the social worker, and the clients may be negatively impacted. However, the good news is that the self can also be filled up. The self can be replenished, and renewed. This research identified that joy, as well as *wonder and awe*, were sources of nourishment and renewal

for the participants in this study. The virtues and the inner self of the social worker are what compel social work practice. As earlier research pointed out, “Virtues connect the inner self to action” (McBeath & Webb, 2002, p. 1030). When the inner self is filled up, social workers are encouraged and enabled to act and to serve. Joy in this study was found to motivate and re-energize social worker action.

This study also found that positive experiences seem to be essential for social workers to remain motivated and effectively engaged. This study highlighted that when social workers were valued, thanked, and acknowledged, their joy and their job satisfaction increased. This reveals there is merit and significance in feedback in social work practice. There is power in being valued, and being told they are valued, for social workers.

This study found that for social workers in hospice or palliative care, experiencing joy is overwhelmingly cultivated in relationships. Engaging in relationships is the fundamental practice for social workers. Joy is also a result of experiencing fulfillment and bearing witness to fulfillment. Experiencing joy is found to be a motivating and energizing force in what is often called *difficult* or *heavy* work. Joy provides some balance; joy *fills up* and nourishes social workers; it allows them to continue to practice effective therapeutic use of self and to exemplify social work values and ethics.

Strengths and Limitations

By design, this research study has several strengths. The research questions used in this study were intentionally developed based on existing literature; therefore, the findings from this research can easily be used in comparison with and in contrast to previously existing studies and journal articles. In addition, this study provides in depth

exploratory case studies with eight graduate level social work professionals. Because the interviews generally lasted around 45 minutes, the participants were able to take time to express their thoughts and relay their narratives without being too rushed. The findings of this study were strengthened by the utilization of digital audio recordings and written transcripts.

This study also has several limitations. Only eight interviews were performed; the scope of the findings may be narrow then, since all of these participants are currently rooted in a hospice or palliative care program and in hospice or palliative care philosophies in the state of Minnesota. The participants' particular frameworks and experiences could potentially be seen as both a limit and a strength. Also, all of the research participants in this study were women. These research findings are thereby limited in scope and are not generalizable.

Another possible limitation that should be noted was the inexperience of this researcher in performing semi-structured research interviews. In addition, since this is qualitative research, this researcher has a particular and personal lens that was used to interpret the data. Another researcher might have heard different themes emerging from the interviews and the transcripts.

Finally, this research study was aimed specifically at social workers who self-identified as having experienced joy in their social work practice. There was ultimately some selection bias built into the research design itself.

Implications for Social Work Practice

The findings from this study indicate that joy plays an integral role in social work practice. The notion of finding a niche or a goodness of fit in the profession of social

work and in a specific area of social work practice is a significant take away from this study. Additionally, the findings about social worker fulfillment are very important for ongoing clinical social work practice. When social workers themselves thrive and flourish in their role, there may be tremendous benefit for clients and their families, as well as for interdisciplinary teams, agencies, and systems. When social workers are motivated and energized, they are compelled to do good work and they are compelled to remain in the field for quite some time. With less staff turnover the development of and deepening of clinical skills and expertise is encouraged. With this, there will be more sustained practice wisdom and continuity of care. As a result, more effective and ethical service will be provided to clients and patients.

This study also gives the reminder: social workers too, are bio-psycho-social-spiritual beings. Social workers are whole people and their environments matter and impact them, as well as the work that they do. The findings from this research suggest that being part of a supportive team and spending time with colleagues and coworkers may increase experiences of joy in practice. For social workers, having a chance to debrief, to discuss their joys as well as their sorrows, and tell their stories provides an opportunity to re-experience, or perhaps re-define or re-see an encounter. This is useful information for team management and leadership to consider. If the goal is to prevent burnout and encourage effective social work practice, social worker satisfaction, joy, and well-being must be taken into account. Creating opportunities to hear feedback is also a key recommendation for consideration. Being valued by clients as well as by colleagues is beneficial and nourishing for social work professionals.

Implications for Social Work Education

The findings from this study suggest that joy is something experienced but not always discussed in social work practice. Joy should be and can be explicitly addressed in social work education. Fundamentally, the heart of social work is just that – social and relational work. As social work students begin to engage in new relationships with peers, professors, mentors, supervisors, and clients, joy is potentially being cultivated. Therefore, joy -- and recognizing joy -- is something that should be discussed in both social work education and social work practice.

Social work education can bring joy and the awareness of joy into classroom conversations. One area where this may be especially useful and appropriate is in field education coursework. Social work educators can encourage social work students to share their narratives of their positive experiences, as well as their challenging experiences, their joys as well as their sorrows, encountered during field placement. Social work educators can also be encouraged to share their own personal narratives of joy from their practice with their students. As the social workers in this study suggested joy, when shared, can be contagious. Since joy was found to be motivating and energizing, it seems especially important for new social workers as they set forth into their developing careers. If social work education aims to help students deepen their social work identity, build on strengths, and develop effective ways of being with clients, joy should be considered and utilized when talking about therapeutic use of self.

The surprise finding about finding a niche or a goodness of fit in the profession of social work and in a specific area of social work practice has important implications for social work education. The social workers in this study who described this sense of

personal and vocational fulfillment found joy in their practice. Social work education programs can aim to help students identify their own areas of personal fit and niche. This study found that social workers who find an area that is well aligned with their essence, their core selves, intend to remain in that area of practice for quite some time. They also indicate that they enjoy their work. These social workers seem to thrive and to flourish. Social work education, which values self-assessment, self-reflection and praxis, can provide guidance and encouragement for students to attune to their core selves. In addition, social work education can help students identify personal areas of fit and niche so that their social work practice can be sustainable and enjoyable.

Implications for Social Work Research

Throughout this study, some interesting topics emerged and could be considered for future research. Though they were not explored in great detail, the personal growth and transformation that social workers experience because of their practice could be of significance. Integration of insight from their practice into their own personal life seems particularly connected with meaning making and motivation for social workers. It might also be interesting to do further analysis of the differences between the experiences of social workers working in hospice vs. in palliative care. Though they are on a continuum of care and share similar philosophies, there may be important nuances or distinctions between the particular areas of focus, or differences that emerge between the practices in inpatient hospital setting and practices in community based programs.

It could be beneficial for future research to ask these same research questions to social workers in a variety of service settings and to explore the observations and experiences of social workers outside of the hospice and palliative care philosophies. Do

social workers in other areas of practice also experience the deep sense of finding their niche and subsequently experience joy? It could be beneficial to talk with other social workers who may not initially self-identify as experiencing joy. This could potentially reduce bias in the research findings. It could also confirm themes or lead to the identification of new themes that would benefit the understanding of best practices for joy, job satisfaction, and work-life balance. It could also lead to deeper understanding of effective use of self and the search for eudaimonia.

Implications for Society at Large

The findings from this research study also have implications for society at large. For all those who seek well-being and the good life, alignment between inner self and outer self, and a congruence between self and work, seem essential. The participants in this study described that joy is cultivated in relationships; joy is found in the being with others. This is certainly not something limited to social workers or social work practice. Anyone can be emotionally and physically present with another. This is cause for joy. This study also points to a potential cultural shift regarding chronic, serious illness and end of life. These often taboo or feared subjects can provide valuable insight and perspective about what's most meaningful and most important in life. Social workers in this study described that, somewhat unexpectedly, joy can be found in various transitions within a life's journey.

Conclusion

Social workers are challenged to create a society in which all persons flourish. NASW calls social workers to honor the fundamental values and ethical principles of “service, social justice, dignity and worth of the person, importance of human

relationships, integrity, and competence” (1999). This study shows that hospice and palliative care social workers cultivate joy within human relationships. Participants in this study also noted they experience joy as a result of experiencing personal fulfillment and bearing witness to fulfillment. Joy can be found while social workers fulfill their calling to honor client self determination, advocate for their clients, and provide competent and effective service. Experiencing joy in social work practice may enable social workers to better comply with and reinforce the values and principles set forth by their professional mandate. If social workers are filled with joy, their tools for practice, their very selves, will be nourished; then, as one social worker in this study implied, they will have more than *enough self to give*.

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Appendix A**Experiencing Joy
INTERVIEW QUESTIONS**

Demographic/Background info:

What is your age?

How long have you been a social worker?

How long have you worked in the area of hospice and palliative care?

Please tell me a bit about what is involved in your hospice palliative care practice.

How did you come to work in this type of practice?

How long do you intend to stay in this area of practice?

Joy Questions (adapted from Pooler, Wolfer, & Freeman, 2014)

Now I'm going to ask you a few questions about joy. Before we begin, can you tell me what the word means to you?

In general, how do you access or experience joy? What is it like?

Please tell me about a time you experienced joy in your work. (adapted from Pooler, Wolfer, & Freeman, 2014). Please use as much detail as possible. (Additional prompts: What was the context? Who were you with? What was it like for you?)

How often do you experience joy in your work?

Is finding/experiencing joy in your work something you learned how to do? If so, how did you do it?

How often do you discuss the joys of your work with others?

How important is experiencing joy in your social work practice to you?

How does experiencing joy impact your practice?

What, if anything, would increase your experience of joy working in this field?

Do you think you have you experienced personal growth or transformation as a result of your work? If yes, how?

Is there anything else you'd like to share?