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Meet the editor

Maria Wolmesjö, Ph.D., is a professor in social work and the research leader of Work Life and Social Welfare: Sustainable Management, Organization and Leadership in Social Welfare (SOLWE) at the University of Borås, Sweden. She has long experience and has held leading positions as first-line manager and director of home-help care organizations for older adults and persons with disabilities, and as head of the department and program director in academic social work departments. She has served as chair of the Academic Appointments Committee and chaired different national and international evaluation committees. She has a broad national and international network through several collaborative projects. Her research focuses on sustainable leadership, healthy organizations, age management, ethical dilemmas, interprofessional collaboration, user participation, elderly care, and professional education and development.

Contents

Preface

As editor of this book, I was privileged to invite colleagues from all over the world to contribute to *Social Work - Perspectives on Leadership and Organisation*. I could not have imagined the huge response received. Researchers engaged in different aspects of social work wanted to participate and share their perspectives. Authors from different parts of the world have contributed their own experiences and knowledge gained from research and practical experiences in social work leadership and organization. This has resulted in a book that combines multi-science perspectives, theories and experiences from a variety of social work practices in a fantastic mix of reflections on social work.

As a professor in social work, a former head of a department responsible for developing social work courses, including curriculum development and research at different universities, and as a former social work manager and director of home-help care for older adults and people with disabilities, I have read and followed the writing process of the chapters with great interest.

As a reader, you can look forward to a book that provides you with a comprehensive overview of social work leadership and organization as theoretical subjects, as well as of social work as a field of practice. Hopefully, it will give you an opportunity to reflect on different perspectives and deepen your understanding of the complexity of social work. The purpose of this book is to highlight social work from an alternative perspective, one that is not usually seen. By focusing on leadership and organization, the ambition is to broaden knowledge of the ethical dilemmas which managers in social work have to handle in their daily practice and the challenges of organizing a positive environment for staff members and service users, often against the background of an economy under pressure. There are similarities and differences, both within social work itself and in comparison with leadership and with other organizations in general. From my perspective, a great deal of knowledge can be gained from leadership and organizational theories in general, but there is also the knowledge that is specific to social work. This book aims to contribute to furthering this knowledge with different perspectives on social work leadership and organization. Although different contexts of social work leadership and organization are described in this book, there are common challenges related to social work as a profession.

This book aims to give you plenty of opportunities to reflect on different situations and I hope it will bring inspiration to students, social workers, politicians, lecturers, researchers and others on how to manage, lead and organize social work in the future. Of course, I also hope it will be of great interest to those for whom social work leadership and organizations are there.

Finally, I want to thank the IntechOpen team for the opportunity to edit this book and for your support during the process. I also want to thank all the chapter authors who have contributed their time and shared their passion, knowledge and experience in this field of social work leadership and organization from different perspectives. I am happy to be part of this global collaboration.

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Chapter 1

The Effect of COVID-19 on the Quality of Life of Care Workers: Challenges for Social Services Leaders

Magdalena Calderón-Orellana, Alejandra Inostroza and Paula Miranda Sánchez

Abstract

Stressful situations are likely to impact health and social care workers' quality of life negatively. Indeed, mental, physical, and emotional health problems have been reported in relation to the effects of the COVID-19 pandemic on the quality of life of health care workers. Instead of health care workers' reality, and despite the care sector's relevance, studies of the effects of COVID-19 on the quality of life of care workers have not been sufficiently explored. Recognizing the effect of COVID on the quality of life of care workers will collaborate with leaders of organizations, social work practitioners, and academics in the design of policies that promote better working conditions. Therefore, during 2021, a study was carried out in Chile where 150 social services and care workers were surveyed in Chile using a version of COV19-QoL in Spanish. The impact of COVID on quality of life is described, and the challenges that this reality implies to social service leaders are presented.

Keywords: care workers, quality of life, COVID-19, social services, Chile - COV19-QoL

1. Introduction

Evidence indicates that in the face of catastrophes, natural disasters and conflicts, social services and care workers are exposed to higher levels of demands [1]. Indeed, due to vicarious stress, which is developed from working with vulnerable populations, and from their own experience of the catastrophe, social service workers could develop higher stress levels, affecting their well-being and quality of life [2, 3].

In this way, regarding the coronavirus disease established as a pandemic in March 2020 [4], it is possible to project high levels of stress and affectation on the quality of life of social care workers. Indeed, care workers were strained worldwide as the health and social care systems were quickly overwhelmed by the virus's rapid spread and the limited availability of effective treatments [5]. At the same time, social care workers, like any citizen, had to face the closure of entire cities, the limitations of displacement and the health crisis, generating an impact on their quality of life [6, 7].

Due to the effects of the pandemic on their lives and jobs, it is necessary to know the effect that the COVID-19 disease has had on the quality of life of care social service workers. While studies are available for similar populations such as health workers, the reality of care workers has not been addressed. On the other hand, although there are studies focusing on well-being and stress in the care workforce in times of COVID-19, there are no studies that research the impact of COVID-19 on the quality of life of these workers.

Studying this question is quite relevant, especially concerning the strategies to be developed to face post-traumatic stress, exhaustion, and vicarious stress that naturally follows situations of catastrophe or disasters [8]. In this sense, the information will allow practitioners to design strategies to cope with stress and promote the well-being and quality of life of those who work in the care industry. Likewise, this study collaborates with the generation of knowledge about the effect of the pandemic on the quality of life.

In this way, this study sought to analyze the effect of the COVID-19 pandemic on the quality of life of social care workers in Chile to guide social and care service managers to face the effect that COVID-19 has had on the well-being of social services workers.

2. Literature review

2.1 Quality of life and well-being in care workers

Care is a fundamental activity for a society that affects the well-being of all and, in particular, of populations that require greater support. Although caregiving tasks represent a substantial physical and emotional burden for those who perform them, these responsibilities have not been recognized as a social need. They are usually carried out through the donation of time and energy by caregivers [9]. Likewise, people who provide care services have negative working conditions, with low salaries and limited recognition of the social value of such work [10].

Due to the disease generated by the SARS-CoV-2 virus, the precarious conditions associated with care work were even more stressed. The situations of stress, uncertainty, and permanent confinement [11] affected care workers who have faced more demanding confinement and isolation to take care of themselves and those they have to care for [12]. Hence, it is possible to assume that care workers have seen their well-being more affected by the pandemic than other populations for various reasons.

In the first place, the literature confirms that in conditions of regularity, those who care, especially women, have lower levels of well-being compared to different populations analyzed. It has been established that, compared to the general population, caregivers experience lower levels of self-reported health and psychological well-being while reporting a greater number of days with poor physical or mental health [13].

On the other hand, a second factor that allows understanding the decrease in caregivers' well-being, especially women again, is the situation experienced by formal caregivers who perform domestic work. The evidence shows how there would be a relationship between being a caregiver and playing other social roles with having a lower level of well-being and satisfaction with life, especially when playing the role of head of household [14, 15]. This statement becomes especially relevant when we analyze that domestic task also became tense and increased due to the crisis of care generated due to the pandemic [16].

Thus, it is also possible to estimate higher levels of affectation on quality of life among caregivers based on their living conditions, such as family support, stress, frustration, and economic difficulties, which impact emotional difficulties and high levels of overload [17]. The negative effect of care work would not necessarily be given by care but is configured when other relevant factors appear, such as a high workload and not having the support of another person to perform these functions [18]. All factors have been emphasized during the socio-health crisis [11].

Finally, another way of entering to project the effect of COVID on the well-being of caregivers is by considering the relationship they establish with the people who receive care. This becomes especially relevant in caregivers who exercise their functions toward vulnerable populations, such as people with different types of disease, people with disabilities, and older people. For example, those who care for autistic children experience a deterioration due to the deterioration of daily skills of those who receive care, children's emotional and behavioral difficulties, the population's high educational level, and a low-income level of the population median [19]. In the same vein, caregivers who assist people who have suffered strokes present feelings of loss of life that once was, the daily workload, the creation of a new normal, and the interaction with health care providers [20].

In conclusion, evidence suggests that it is possible to project the effect of COVID-19 and the health crisis on carers' well-being and quality of life. Now, to advance the understanding of the phenomenon, it is relevant to analyze the level of affectation of COVID-19 on the well-being of different populations.

2.2 The effect of COVID-19 on quality of life

Due to the effect of the COVID-19 pandemic on people's routines globally and, therefore, on people's quality of life, different studies were quickly carried out that allowed us to know and measure the impact of the disease on people's lives. Although no measurements have been reported in people who care, different adult populations have been analyzed to understand a problem in full development.

A measure used globally to observe the effect of the pandemic on people's well-being and quality of life has been the COV19-QoL scale [21], which measures the effect of the pandemic on people's quality of life and was developed a few months after COVID-19 was declared a pandemic. Hence, the different results it has had in different populations worldwide are presented.

One of the first studies reported describes the application of the measure in Filipino teachers. It was found a significant difference in the impact of COVID-19 on the quality of life according to the degree program of the people, but not according to age, sex, marital status, employment status, monthly salary, presence of a case of COVID-19 near their residence, personal knowledge of someone who was infected or died of COVID-19, presence of a medical condition, and perceived threat [22].

On the other hand, a second study in the Philippines, but this time applied to nursing students, showed that the COVID-19 pandemic had a moderate impact on the quality of life of nursing students and that the effect varied significantly depending on sex and the close presence of COVID-19 cases. The study also revealed a significant moderate inverse relationship between psychological resilience and the impact of COVID-19 on quality of life [23].

The same scale was implemented in a study applied to populations from different parts of the world. In this case, Khodami and his colleagues [24] analyzed changes in quality of life and psychological changes due to the pandemic in 3002 people

worldwide. The results showed that quality of life decreases significantly over time, perceived stress increases significantly, and the regulation of emotions is problematic.

To these cases is added the study of the impact on the quality of life in Saudi Arabia. In this country, Islam and Alharthi [25] examined the effects of the pandemic on the quality of life in 506 households in Saudi Arabia. The results show that the quality of life of households was significantly reduced due to the COVID-19. At the same time, negative quality of life was related to low-income households, large households, male-headed households, urban households, households with unemployed or low-educated heads, and households with the elderly.

A group of researchers in Singapore [26] sought to determine the impact of COVID-19 stress syndrome on quality of life and gratitude in Singapore. A sample of 199 people confirmed that fear of foreigners spreading SARS-CoV2 was the most stressful fear among Singaporeans, while traumatic stress from COVID-19 was the least stressful fear. Similarly, COVID-19 stress syndrome was positively correlated with negative quality of life and negatively correlated with gratitude.

The same scale used in the previous studies was used in mental health patients in Serbia. Considering a sample of 251 patients, the research led by Maric et al. [27] confirmed that the effect of the pandemic on quality of life was above the theoretical mean of a 5-point scale. On the other hand, no association was found between the total VOC19-QoL score, demographic characteristics, and patient diagnoses.

Finally, the study by Bolatov et al. [28] aimed to investigate the influence of psychological well-being and different study formats on the academic motivation of medical students during the pandemic. The study concluded that the effect of COVID-19 quality of life on academic motivation was minimal.

In conclusion, based on these various studies, it is possible to establish that the affectation of quality of life does not necessarily depend on some demographic aspect, but eventually on external effects such as the time of experience of pandemic and traumas and stress previously experienced.

2.3 The COVID-19 disease in Chile

Recognizing that the COVID-19 pandemic is a global phenomenon, it is necessary to recognize that the crisis is shaped in a particular way in different social, political, and economic contexts. Specifically, in the Chilean case, the same month in which the WHO declared COVID-19 as a pandemic, in March 2020, Chile reported its first case [29], and like other countries in South America, the cases began to rise rapidly.

However, in the case of Chile, the health crisis that has had political, social, and economic repercussions has occurred in parallel with a social, economic, and political crisis that became evident months before the appearance of the disease caused by the SARS CoV-2 virus.

On October 18, 2019, Chile witnessed a "social explosion." This was characterized by massive marches in the country's main cities that had as their center the historical, social demands associated with an unacceptable level of inequality in a context of neoliberal policies that marked individualism and the lack of social cohesion [30]. This search for social transformations was not without its difficulties. The large mobilizations were accompanied by the use of violence by demonstrators and the police [31], causing looting, fires, and the vandalization of emblematic sites and spaces [32], which in turn had an impact on the mental health of the population [31].

Thus, in October 2019, the country was immersed in the most relevant social and political crisis of the last 40 years, and months later, the Chile faced one of the most significant health crises in its history, which severely exacerbated the above in economic terms.

In this scenario, the demand for assistance for workers in the so-called psychosocial area had to face new scenarios and challenges in a context of precarious work [33]. Thus, these workers, not only in Chile, had consequences and implications for their mental health [34]. On the other hand, the neoliberal policies on social welfare implemented in Chile during the Pinochet dictatorship [35] have exposed the necessary coordination between chiefs and frontline workers, stressing the work with budget cuts, demands for results, and other matters in terms of efficiency [36]. In addition, the institutional support to have sufficient resources—internet for the home, adequate mobile phones, computers—for a quality social intervention were not present [33].

Demands in Chile for greater social care were characterized by increased poverty, overcrowding, and precarious settlements, leading to an increase in infections [33]. Individuals and families experienced fragility and uncertainty, and professionals in care industries inhabit the same contradictions: social distancing policies include mandatory quarantines, periods of isolation and fear of getting sick, suspension of productive activity or radical changes, loss of income, and fear of the future [37].

3. Methodology

A quantitative observational study was developed for exploratory purposes to analyze the effect of COVID-19 on caregiver quality of life. Thus, a before-after research design was carried out. First, demographic and occupational characteristics were asked, and between 2 and 4 weeks later, the impact of COVID-19 on quality of life was collected.

3.1 Sample

The sample of this research corresponds to workers dependent on organizations that provide care services in Chile and pursue social purposes such as overcoming poverty, the inclusion of people with disabilities, and caring for vulnerable and excluded people. The detail of the sample and its participation rate is described in **Table 1**.

The sample considered 310 people who were accessed through the organization in which they worked, communicating in detail the study's objective, its stages, the treatment of the information, its anonymity, and its confidentiality. The number of people who answered the two surveys was 150, equivalent to 48.39% of the sample.

3.2 Measures

3.2.1 Demographics

The demographic and identity characteristics were collected in the first questionnaire sent to the sample. Information on gender, age, nationality, experience, school

Organization	Number of workers contacted	Number of workers who finished the study	%
1 (NGO aimed at overcoming poverty in Chile)	119	57	47.9%
2 (NGO that provides free care to children and young people with Down syndrome)	41	20	48.78%
3 (NGO that seeks to expand opportunities for a better life for Chile's poorest and most excluded)	150	73	48.67%

Table 1.
The study samples.

level, socioeconomic level, occupation, place of work, and modality of work during the last 6 months was requested.

3.2.2 COVID-19 pandemic affectation

To observe the effect of the pandemic on quality of life, the scale "Impact on Quality of Life" (COV19-QoL) developed by Repišti et al. [21] was used, which aims to capture the effect of COVID-19 on people's quality of life and has been applied in different populations.

For application in a Spanish-speaking population, the questionnaire, composed of six statements, was translated into Spanish and then tested by three expert judges. The questionnaire in English and Spanish is in **Table 2**.

The scale was applied through an online form. Thus, using a Likert scale, the statements were presented to the individuals, and they were asked to identify the level according to each sentence between 1 (strongly disagree) and 5 (strongly agree). The total score is the mean of the item scores, and the higher scores indicate a more severe impact of COVID-19 on QoL.

Reliability tests were applied through Cronbach's alpha statistic, evidencing good reliability equivalent to 0.88.

Regarding the validity of the construct, a study was carried out considering a study of different populations of social organizations, among which was that of this sample, and a factor analysis test was applied considering the six items and 217 responses. The results are shown in **Table 3** and allow to establish an adequate adjustment of the scale model.

Due to the spread of the coronavirus	Debido al CORONAVIRUS, usted:
I think my quality of life is lower than before	Creo que mi calidad de vida es peor/baja que antes
I think my mental health has deteriorated	Creo que mi salud mental se ha deteriorado
I think my physical health may deteriorate	Creo que mi salud física se ha deteriorado
I feel more tense than before	Me siento más tensa(o) que antes
I feel more depressed than before	Me siento más deprimida(o) que antes
I feel that my personal safety is at risk	Siento que mi seguridad personal está en riesgo

Table 2.
English version and Spanish translation of the COV19-QoL scale.

Estimator	Result
RMSEA (Root Mean Square Error Of Approximation)	0.083
CFI	0.975
TLI	0.959
SRMR	0.09

Table 3.
COV19-QoL scale confirmatory factor analysis estimators.

3.3 Data collection procedure

The study contemplated the application of two online questionnaires. The first one collected demographic information, while the second one observed the impact of COVID-19 on quality of life 2 to 4 weeks later. Both were emailed to the participants. Compensation draws were committed to those who completed the study to ensure adherence to the study. Access to the sample was coordinated with the human resources office of each organization, ensuring that it did not intervene in the performance of its tasks.

The participants were informed about the study purpose, the content of the questionnaires, confidentiality, and their anonymous and voluntary participation. The form application began in June and ended in October 2021. Once the survey was closed, the database was created in the statistical software (SPSS), where the information was processed.

3.4 Data analysis

To meet the study's objective, a descriptive statistical analysis was carried out to measure and characterize the level of affectation of COVID-19 on the sample. The responsible researchers carried out the analysis of the information. Additionally, the impact of COVID-19 on quality of life was explored about demographic variables identified by the specialized literature and that were self-reported by the participants, such as occupation, age, socioeconomic level, and race.

4. Results

The first analysis sought to describe the sample based on demographic characteristics based on frequencies and summary statistics such as mean, median, and standard deviation.

Thus, **Table 4** describes the sample as a feminized population, while women represent 72%. Regarding ethnicity, most people identify as mestizos. Only 30% define themselves as white people. The percentage of black people or mulattos is less than 1%. This is different about other studies focused on social services, where the distribution of people according to their race presents greater dispersion than the case presented [38].

Other relevant information regarding the sample is its high level of education, while 94.7% have higher education courses. Moreover, 38.5% have postgraduate studies that far exceed the national reality. [1]

[1] In Chile, the academic undergraduate degree (between 4 and 6 years) is sufficient to practice professionally.

Variables	n	%	Average (years)	Median (years)	Standard deviation (years)
Organización					
1	57	38.0			
2	20	13.3			
3	73	48.7			
Gender	108	72			
Women	42	28			
Men					
Ethnicity	45	30			
White	86	57.3			
Mestiza	9	6			
Indigenous	1	0.7			
Mulata	0	0			
Afro-American	9	6			
Other					
School Level	0	0			
Primary	8	5.3			
High School	16	10.7			
Technical Ed.	68	45.3			
Undergraduate	58	38.7			
Postgraduate					
Socioeconomic Level	21	14			
Low	55	36.7			
Middle	72	48			
High	2	1.3			
ND					
Age			40.23	38	9.799
Tenure			7.77	6	5.95
COV19-QoL			2.94	3	0.95

Table 4.
Characteristics of the study sample.

On the other hand, it is relevant to note that the people in the sample have a mean of 40.23 years old and 7.7 years of tenure, thus constituting a young population with average seniority higher than other studies in the same area. Finally, it is important to highlight the composition of the socioeconomic level of the sample since a large part of the people who participated in the study belongs to the middle and upper sections. Although this composition is different from that observed in the national population, it makes sense that people with a high level of schooling have a high average socioeconomic situation.

Finally, it should be noted that the sample presents a mean index of affectation of quality of life above the arithmetic mean of the scale. In addition, 50% of the sample has an index higher than 3, which can mean a high affectation.

After a description of the sample, bivariate analyses were performed to observe the relationship between demographic aspects that could be configured as antecedents of people's quality of life.

Thus, we analyzed the average affectation of quality of life by COVID-19 according to organization, gender, ethnicity, work modality, school level, and socioeconomic

level, identifying a relationship between affectation of quality of life according to the organization of those who responded, their age, level of schooling and socioeconomic level.

Based on these first results and regarding the objective of the study, we made contingency tables to evaluate the factors that show a relationship with the COV19-QoL index.

In the first place, we observed the age, as it presents a negative relationship with COV19-QoL, which in the framework of the sector and sample analyzed could be related to the care work that people could have, particularly women, younger, for this we categorize people in age ranges and gender. This analysis is presented in **Table 5**.

In fact, the group between 25 and 35 years old presents the highest levels of affectation, both in men and women, exceeding the average of the sample. Because one of the organizations has a higher percentage of men, we observe the same relationship

	Age				
Gender	**18–24 years**	**25–35 years**	**36–45 years**	**46–55 years**	**55 < years**
Women	—	3.20	2.82	2.70	2.55
Men	2.67	3.44	2.94	2.58	2.58

Table 5.
COV19-QoL mean and age.

Variables	**n**	**Mean COV19-QoL**	**Standard deviation**
Organización	57	3.34	0.12
1	20	3.04	0.21
2	73	2.6	0.1
3			
Gender	108	2.89	0.09
Women	42	3.05	0.15
Men			
Ethnicity	45	2.72	0.11
White	86	3.12	0.10
Mestiza	9	3.03	0.36
Indigenous	1	-	-
Mulata	0	-	-
Afro-American	9	2.05	0.27
Other			
School Level	0	-	-
Primary	8	2.95	0.31
High School	16	2.32	0.12
Technical Ed.	68	3	0.12
Undergraduate	58	3.04	0.12
Postgraduate			
Socioeconomic Level	21	-	-
Low	55	2.5	0.15
Middle	72	3.01	0.13
High	2	3.03	0.11
ND			

Table 6.
COV19-QoL and demographics variables.

according to the organization, and the trend is maintained, that is, considering the gender and organization of people, people between 25 and 35 years old are the most affected.

On the other hand, we were particularly struck by the relationship observed between the organization and COVID-19 affectation, which is detailed in **Table 6**, despite the differences in mission, they are similar in relation to the type of services they offer and the work they do. Because of the above, we reviewed the timing of the data collection, because the study was conducted at a time when the pandemic was active, therefore, the specific COVID-19 situation could affect the average affectation. In fact, the organization that had an average affectation of 3.34, the highest, participated in the study when the infection positivity rate was 12%, while the organization that had the lowest affectation value participated in the study when the positivity rate was also the lowest (1%).

Finally, we analyze the results associated with the socioeconomic level and the negative relationship to COV19-Qol. Given the low representation of the endpoint levels in the sample, we categorized the variable into three: low, medium, and high. According to this classification, it became clearer that the most affected were middle-class people, regardless of organization and gender, as presented in **Table 7**.

However, considering this information and the results of the bivariate analyses, a bivariate correlation test was applied, obtaining the Pearson coefficient. The results are described in **Table 8**.

According to the results of the correlations, it is possible to confirm a positive relationship between socioeconomic status and the affectation of quality of life. Therefore, people from the lower ranges of socioeconomic levels have lower average

		Socioeconomic level		
Organization	**Gender**	**Low**	**Middle**	**High**
1	Women	2.63	3.23	3.38
	Men		4.00	3.38
2	Women	2.58	3.12	2.97
	Men	3.17	4.17	2.25
3	Women	2.32	2.78	2.66
	Men	2.63	2.70	2.06

Table 7.
Cov19-QoL mean by organization, gender, and socioeconomic level.

	1	**2**	**3**	**4**
COV19- QoL	1	.174*	.340**	–.266**
Socioeconomic Leve		1	304**	-,175*
% COVID-19 Test Positive			1	–0.102
Age				1

Table 8.
Correlations Cov19-QoL mean by organization, gender, and socioeconomic level.

scores that show a lower affectation of COVID on quality of life. There is also a negative relationship between age and affectation, which means that older people have a lower level of affectation on quality of life. Finally, the direct relationship between test positivity and deterioration of quality of life was confirmed.

5. Discussion

The quality of life of people who worked in care social services in Chile during the COVID-19 pandemic was affected by the pandemic. Our study confirmed that the sample obtained a COV19-QoL score higher than the arithmetic means, and almost half of them obtained high scores (>3). More specifically, our study confirmed that it was young people from middle socioeconomic levels were most affected by the pandemic in Chile.

With respect to age, the findings present that there is a greater impact of COVID on social service workers at a younger age. This makes sense given that younger people generally have less professional experience in dealing with complex situations in their work environment. In addition, it is expected that younger people have lower levels of training in the area, so they have fewer professional tools to cope with these situations, an issue that has been considered by the literature previously [39, 40]. It is also important to consider that young workers are more likely to be employed in occupations more affected by the pandemic, with a higher risk of losing their jobs or reducing their working hours [41]. The negative relationship between age and COV19-QoL could also be explained due to other care roles held by people between 25 and 35 years old, the age range most affected in the study. In this sense, age could be related to care functions within their home, assuming that workers in care industries, men and women, must face the difficulties of care in the organizations where they work and their homes.

Moreover, a positive and significant relationship is reported between the socioeconomic level of social service workers and a COVID affectation on quality of life. It could be considered that this socioeconomic level is related to professional profile and positions of high responsibility in care centers. Therefore, modifications in work routines, protocols, and other activities have gone through these workers, who have been called to lead the transformations in the workspaces [42], which could mean a higher level of stress and exhaustion.

In this way, it is expected that COVID represents an especially complex challenge for women, considering situations such as quarantine, and telematic classes, to point out some examples have generated that the boundaries between the workspace and the domestic space become blurred. This could be reflected in women between 25 and 35 years old cases, where a higher level of impact of the pandemic is observed. The results allow understanding the connection between two of the groups most exposed to experiencing complex situations at work; women with a high workload for care work outside the workplace and young people with a less academic or professional specialization.

The results of our study are consistent with previous results in other parts of the world since the effect of demographic factors on the impact of quality of life (gender, age, socioeconomic status, ethnicity, among others) is unclear. It seems that other demanding and stressful experiences are antecedents of the greater impact of the pandemic on the quality of life. In the case of the population analyzed,

it seems that the demands of other roles or identities would affect how people live the pandemic.

Thus, these results are added to the fact that social services were affected by the absence of face-to-face, the incorporation of digital technologies, and the adaptation, on the fly, of work processes, in an environment of great uncertainty. Telematic work developed a favorable area to withdraw the labor rights achieved in salaried work, in terms of privacy, control of leisure and rest, conciliation of work and family life, and rights with a gender focus, among others [43]. Given the above, it is necessary to intervene in the working conditions in these organizations, recognizing the double experience of stress in their workplaces.

6. Conclusions

COVID-19 has transformed the lives of people around the world, and care social service workers are no exception. The pandemic changed their practices and routines at work, having to face a double challenge, that of the pandemic and that of caring for others during the pandemic.

Through our study, we were able to know that the levels of affectation in this population are high and that those who are most affected are the youngest people, who could be developing other care and parenting tasks in their own homes. Also, as noted in other studies, women are affected.

In addition to providing key information, our study allows us to have a tool in Spanish to evaluate the impact of COVID-19 on people's lives and thus monitor the welfare status of people in a Spanish-speaking context.

While this research highlights the deterioration of the quality of life to which health care workers are exposed, its results should be observed with caution. First, the COVID-19 pandemic continues to be a developing phenomenon that continues to be researched and about which new things are constantly known.

Likewise, the study sample is limited to the unique context of social services in Chile, and they are not generalizable because of the context and because some attributes of caregivers in this type of service may have cultural roots [44]. In fact, the results may not be generalizable to other countries, as cultural norms are one of the key factors that can shape individual behavior [45]. Therefore, studies that test a similar model in an intercultural setting should be encouraged.

However, the scenario described is an urgent call to social work managers and leaders to promote the well-being and performance of care workers and to address post-traumatic stress and vicarious stress while populations served by the care workforce present significant mental health issues.

Therefore, it is proposed that those in leadership positions implement practices that address the problem described. In this way, the first step for managers should be to recognize the problem, while many times, the symptoms of stress are overlooked by teams, naturalizing the impact on quality of life. Once the different actors have recognized the problem, the provision of permanent personal and collective protective equipment must be guaranteed, and effective use must be ensured. In the same way, health in all its dimensions of caregivers should be monitored, breaks in their working day should be encouraged, and periodic instances of self-care and progress in individual or collective supervision should be provided.

By following some of these guidelines, we believe that social service will be a little stronger than what has happened in the last 2 years.

Conflict of interest

The authors declare no conflict of interest.

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Chapter 2

Social Work Leadership for Patient Safety

Joanne Travaglia

Abstract

Social workers are rarely considered as key personnel in the field of patient safety. The clinical nature of many, if not most, errors means that it is much more likely that doctors, nurses and pharmacists are involved both in the errors themselves and in attempts to improve the quality and safety of care. Yet, despite best efforts around the world for the last two decades the overall rate of errors has not decreased. In this chapter I argue that there is great potential for social work leadership to improve the quality and safety of care for patients and clients, and in particular for vulnerable individuals and groups. One way of understanding this potential is through the lens of a social epidemiology of patient safety, which can then be linked to the competencies required by social workers in leading this new approach to patient/client safety and quality improvement. Drawing on evidence both from research and from patient safety inquiries around the world, I look at how the social context and status of patients contributes to errors, particularly of vulnerable individuals and groups, and the unique leadership role that social workers can take in preventing and responding to errors and adverse events.

Keywords: patient safety, equity, leadership

1. Introduction

In this chapter I will explore the under-realized potential of social work leadership as a way of improving the quality and safety of care for patients and clients, and in particular for vulnerable individuals and groups. I begin by briefly examining what we know about patient safety, including the gaps to that understanding. I then explore a new approach to patient safety – one which draws from social epidemiology, ending with several ways in which social work leadership can contribute to increasing the safety and quality of healthcare through specific leadership competencies.

1.1 Patient safety

Patient safety is an enduring concern in healthcare as evidenced by the wording of the Hippocratic Oath, written in the second half of the fifth century BC, which speaks to the potential for harm caused by healthcare professionals and interventions [1, 2]. Indeed, several 'waves' of concern about the quality and safety of care have been identified over recent centuries, including Ignaz Semmelweis' attempt to reduce hospital

infections in the 19th Century [3], through to the 20th and early 21st centuries [4] and the development of clinical governance and related frameworks.

There is no doubt that the patient safety movement has gained momentum over recent decades, not least of all because of mounting evidence for the persistent rate of errors and adverse events [5]. While estimates vary across countries and service types, it is generally accepted that somewhere between 10 and 12% of people admitted to hospital will experience some form of adverse event [6]. Panagioti, Khan [7] for example found that least one in 20 patients suffer harm that is preventable with around 12% of preventable harm resulting in permanent disability or death.

In recent years the United States the Institute for Health Innovation (IHI) has developed what they originally called the triple aim of healthcare. This framework sought to accelerate the improvement of care by integrating (what were then considered to be the) three most important aspects of healthcare delivery, namely: improving patient experience; improving population health; and lowering per capita costs for healthcare [8].

Over time the IHI have added two more aims for healthcare systems. The first addition was ensuring clinician wellbeing (the quadruple aim) [9]. The most recent addition, in 2021, has been that of health equity move the framework to one of a quintuple aim [10]. Whether or not individual services or systems follow the IHI framework, it provides a useful insight into the nature of healthcare as a complex adaptive system, and the types of organizational and professional relationships that can operate to either facilitate or prevent errors [11, 12].

There are three issues which emerge from the current phase of the patient safety movement which we need to considered relation to the role of social work leadership in patient safety. The first issue is that the rate of adverse events has not decreased significantly despite two decades (and more) of effort around the globe. As Mannion and Braithwaite ([13], p. 685) argue *"... despite extensive efforts by many committed and well-intentioned policy-makers, managers, clinicians, researchers and patient groups, it is disconcerting that improvements in safety have been confined to a few celebrated examples or niche areas .... Where there have been solutions advanced, they have proved difficult to sustain and spread, with recent studies confirming there has been little or no measurable improvement in the overall rates of preventable harm at the systems level."*

The second issue is that errors are categorized in two ways. They are either *"An act of commission (doing something wrong) or omission (failing to do the right thing) that leads to an undesirable outcome or significant potential for such an outcome"* ([14], n.p.). Much more is known about errors of commission than errors of omission, although McGlynn, Asch ([15], p. 2635) that in their US study at least *"Participants received 54.9 percent ... of recommended care"* meaning that just under a half of all patients were missing out on some type of intervention/assistance they should have received. What we also need to consider is Tudor Hart's inverse care law (after the UK general practitioner who first described this principle) which states that "*The availability of good medical care tends to vary inversely with the need for it in the population served*" ([16], p. 405). Iezzoni ([17], p. 2093) also warns about the particular risk for vulnerable groups, and in particular people with disabilities. She notes *that "People with disability experience health care disparities, including delayed diagnoses ... Evidence suggests that these disparities often arise from erroneous assumptions health care providers make about the lives and values of people with disability"* – a perspective that was evidenced throughout the course of the COVID pandemic (as I will discuss later in this chapter).

The final issue is that few, if any, health systems or services collect systematic data on the type of patient who have experienced errors. This means that we do not have

a clear understanding of whether the prevalence or type of errors are the same for different groups, and topic which I will return to later in this chapter.

1.2 Leadership and patient safety

Leadership and patient safety are inextricably linked, particularly but not only, in relation to leaders' role in establishing and maintaining safety cultures [18] and providing oversight of service quality [19]. Our understanding of the type of leadership required to ensure the quality and safety of care has changed over recent years. The Agency for Healthcare Research and Quality ([20], n.p.) states that *"Although the concept of leadership has traditionally been used to refer to the top rungs of an organization, frontline workers and their immediate supervisors play a crucial leadership role in acting as change agents and promoting patient-centered care. As the safety field has evolved, there is a growing recognition of the role that organizational leadership plays in prioritizing safety, through actions such as establishing a culture of safety, responding to patient and staff concerns, supporting efforts to improve safety, and monitoring progress."*

Indeed in recent years, and as a result of numerous public inquiries into various patient safety failures, there has been a decided shift away from the concept of leadership as 'the tope rungs of an organisation' to the idea of distributed or systems leadership. The King's Fund in the UK recommended that "The old model of 'heroic' leadership by individuals needs to adapt to become one that understands other models such as shared leadership both within organisations and across the many organisations with which the NHS has to engage in order to deliver its goals. This requires a focus on developing the organisation and its teams, not just individuals, on leadership across systems of care rather than just institutions, and on followership as well as leadership" ([21], p. ix).

2. Reconsidering patient safety from a social work perspective

Patient safety is most often viewed as a technical endeavor, that is one with is focused on the identification, mitigation and response to risks and errors [22]. But beyond the technical aspect, there is also another dimension to patient safety, and one which has generally been 'hidden in plain sight'. That is that the as history shows certain groups have always been at higher risk of harm within healthcare systems and services, and those risks are not necessarily associated with the condition which is being treated, but rather with their social status.

One of the most popular ways to manage public distress over large scale failures of patient safety has been through public inquiries. Even a cursory glance at inquiries around the world show that particular groups – people with disabilities (particularly but not only those with mental illnesses), older adults, women are over-represented as the victims in these cases [23]. Such inquiries go back into the 1800s most often at that time into the treatment of patients in what where then known as 'lunatic asylums'. More recent inquiries range those into individuals who systematically murdered patients, as in the case of Harold Shipman (most of whose victims were older women) [24] to wholesale failures of governance as occurred in the case of Mid-Staffordshire Hospital in the UK, where many patients died not of medical errors but of de-hydration, that is because of a lack of human rather than technical care [25].

In a study conducted in NSW, Australia with 195 clinicians we asked who the clinicians thought were at risk of harm in the healthcare system. They identified the

following groups (in no particular order): clinicians; the older adults; Indigenous peoples; immigrants – especially those with limited local language skills; people with disabilities, especially people with cognitive impairments; children and youth; patients with literacy and communication problems; people from lower socio-economic backgrounds; geographically isolated individuals; socially isolated individuals; people who are homeless; the frail and malnourished; prisoners; patients with co-morbidities and chronic illness; patients with high acuity and complex system dependence (e.g. on dialysis); those with liminal (social, physical, geographic) status; and those patients without an advocate [26].

We replicated part of this study with a survey distributed through the International Society for Quality in Healthcare (ISQUA), that is to an international audience, 15 years later in 2018. In that (still unpublished study) 413 participants from around the globe identified a very similar list of groups including: older people, including frail older people and people with cognitive impairments; children, babies, newborns, 'young people'; patients in general, 'anyone in health care', 'vulnerable patients'; people with specific, complex or co-morbid medical conditions; people with cognitive impairment, learning problems or intellectual disability; health professionals and others employed in health facilities; people from culturally or linguistically diverse backgrounds, 'ethnic minorities'; people in specific areas e.g. ICU, emergency, surgery; people with mental health problems and or substance abuse; people with physical or sensory impairment; people with limited education and or literacy; poor people, low socio-economic status, 'underserved'; people unable to communicate; people with multiple medications; indigenous people; homeless people; pregnant women; people with no advocates in health system, 'no friends or family'; people with rare conditions; and women. The risk to the most vulnerable individuals and groups, it seems, has not abated and could help explain at least in part why the overall rate of errors is not falling.

Why are these groups at higher risk of harm? There are several inter-related issues that have been identified. As we noted in a series of literature reviews we conducted on this very issue Travaglia, Debono ([27], p. 6) *"Cascade iatrogenesis [28, 29], where one error leads to others, may be an additional risk for these groups, as may the effects of diagnostic overshadowing [30, 31], where a condition (e.g. a brain tumor) remains undiagnosed because the clinician attributes the manifestations to another (e.g. mental) illness [32]. Understanding the complex and inter-related social factors that increase ill-health in individuals, groups and communities provides a starting point for understanding why, if, when and how people access and utilize healthcare, how ill they are when they do so, and how these factors might affect their susceptibility to medical errors and adverse events [33]."*

One way of diving deeper into understanding why these particular groups are at heightened risk of harm is through the lens of social epidemiology. Social epidemiology is *"... distinguished by its insistence of explicitly investigating social determinants of population distributions of health, disease and wellbeing, rather than treating such determinants as mere background to biomedical phenomena"* ([34], p. 693).

Kreiger's (2001) framework takes into account the: biological expressions of social inequality (that is the embodiment of experiences of socio-economic inequality, which often result in poorer health across the lifespan for these groups); impact of discrimination; eco-social theories of disease distribution (i.e. population level patterns of health, disease and wellbeing); gender, sexism and sex; human rights and social justice; life-course perspectives; poverty, deprivation and social exclusion; psychosocial epidemiology (the health damaging effects of psychosocial stress); 'race'/ethnicity and racism; sexualities and heterosexism; social and cultural perspectives

of health; social class and socioeconomic status; social determinants of health; effects of social inequality and inequity in health; social production of disease/political economy of health; social production of scientific knowledge; stress; and theories of disease distribution (across time and space) [34]. We have added ableism to the list Travaglia et al. [27].

In 2019 we undertook literature reviews looking at the risk of harm for eight vulnerable groups: people from culturally and linguistically diverse (CALD) backgrounds; older people; lesbian, gay, bisexual, transgender, queer and inter-sex (LGBTQI+) people; First Nations peoples; people who are homeless; people living in rural and remote communities; prisoners; and people with intellectual disabilities.

> *"Some studies found significantly higher risk of harm among the vulnerable groups. Instances of suboptimal care included: misdiagnosis; hospital-acquired infections; less active or inappropriate treatment; preventable readmissions; less frequent health screening; inappropriate prescribing; and poor communication between patients and providers with potentially damaging consequences. In addition to their underlying health needs, people in remote regions may experience less effective healthcare due to under-resourced services, distance to specialist care, or high turnover of health professionals. Some studies reported inadequate recognition and treatment of comorbid conditions, e.g. among people with intellectual disabilities.*
>
> *Our researched showed the intersectional nature of the risk to patient safety, which multiplies with the number of vulnerable groups of which the individual is a member.*
>
> *Studies highlighted the intersectional nature of patient safety, where individuals experience poor treatment because they belong to two or more vulnerable groups, e.g. First Nations people living in remote locations, or people with intellectual disability in prison. This compounds their vulnerability, increasing the risk within health systems. Studies also found some disadvantaged people reluctant to access health services, exacerbating their already poor health, due to negative previous experiences or fear of discrimination or disrespect" ([27], pp. 3-4).*

While the understanding of the causes of ill health from a social perspective goes back decades and is very well established, this approach has not widely been employed in understanding the causes of iatrogenic harm/illness. However looking at harm from this perspective provides additional insights not only into the causes but also into potential strategies to address these harm. This is where social work leadership could come to the fore.

3. How social work leadership can help improve the quality and safety of care: Especially for vulnerable individuals and groups

Social work leadership is important because if we accept the fact (and I used that phrase advisedly and carefully) that patient safety is about the social as well as the technical dimensions of care, then social workers can provide unique insights and leadership into the risks and responses to those dimensions. In this section I will look at five areas in which social workers can provide leadership in patient safety: clinical governance (and other safety frameworks); understanding the social dimension of risks; advocacy; interprofessional practice; and equity.

3.1 Clinical governance

Clinical governance emerged in the United Kingdom in the late 1990s as an approach to improving the quality and safety of care. It was developed at least in part as a response to major patient safety inquiries, especially the Bristol Royal Infirmary Inquiry into the higher than expected deaths in children who were undergoing operations for cardiac problems at that hospital. That inquiry found, as quoted by the British Medical Journal *"... poor teamwork between professionals, "too much power in too few hands," and surgeons who lacked the insight to see that they were failing and to stop operating"* ([35], p. 181).

Clinical governance was defined as *"a system through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish"* ([36], p. 62). Many countries around the world, mostly but not entirely Commonwealth countries, have adopted all or some of the elements under a clinical governance approach. These elements include: *"accountability, vigilant governing boards and bodies, a focus on ethics and regulating qualified privilege. It also includes taking steps to institute measures such as continuous improvement, quality assurance, audit, applying standards and ensuring they are met, using clinical indicators, encouraging clinical effectiveness, promoting evidence-based practice, participating in accreditation processes, managing risk, reporting and managing incidents, focusing on patient safety, improving the sharing of information, supporting open disclosure, managing knowledge effectively, obtaining patient consent, providing feedback on performance, promoting continuous education, dealing with complaints effectively, encouraging consumers to participate in decisions affecting their care and credentialing of medical [and other] practitioners"* ([37], pp. 12-13).

While not all countries' safety systems may include all of these elements, most have adopted at least some of them. Social workers can and should be involved both in ensuring that such systems are in place, and in participating in the review processes to ensure a wider lens is included in activities such a root cause analysis processes [38].

3.2 The social epidemiology of patient safety

One specific role for social workers to contribute to clinical governance (and related activities) is in explaining and exploring the way in which individual's and group's social characteristics make increase their risk of adverse events and harm. There are multiple examples of this, but I would like to discuss two in particular: the way in which risks do not just start and end with the clinical encounter and what is known as diagnostic overshadowing.

As I discussed earlier in this chapter, relatively little work has been undertaken by patient safety researchers about the way in which a person's social characteristics may increase their risk of harm. This increased risk can occur prior, during or after the medical intervention. Research has shown, for example, that malnutrition increases a person's risk of hospital acquired infection. Yet it is well known both that geriatric patients are more likely to enter hospital with malnutrition and that some patients, including children and older adults, are at risk of developing malnutrition while in hospital [39, 40]. Malnutrition is a pre-operative risk factor [41], but understanding and responding to this risk requires both general clinical knowledge and an understanding of the vulnerability of particular individuals and groups.

Another example of increased risk is patients discharging themselves against medical advice (DAMA), and therefore missing out on the care they require. It is easy to think 'it's their decision' but the reality is that for many vulnerable groups, the reasons are due to factors such as the affordability of care [42] or in the case of First Nations people, a lack of cultural safety [43].

Another specific risk which social work leadership can address is the effect of diagnostic overshadowing. Molloy, Munro ([44], p. 1363) define diagnostic overshadowing in relation to people with mental illnesses in the following way *"One form of discrimination is diagnostic overshadowing, which is a judgment bias where health care professionals mistakenly attribute clinical manifestations of physical illness (eg, pain, tachycardia, hypertension) to manifestations associated with a pre-existing mental illness … This leads to physical illnesses being underdiagnosed and undertreated … Common causes of diagnostic overshadowing related to health care professionals who care for mental health consumers include fear, avoidance, lack of education, lack of confidence, and lack of clinical assessment, including symptom recognition … and negative unconscious bias".* Cho ([45], p. 1) adds that *"Systematic biases that disproportionately affect historically marginalized groups underlie some of these misdiagnoses."*

It is not only people with mental illnesses who experience diagnostic overshadowing. Evidence of the negative impact of diagnostic overshadowing has been identified, for example, in patients with schizophrenia [46], people with intellectual disabilities [47], people with learning disabilities [48], with physical disabilities [49], children and young people including children with Down's Syndrome [50, 51] and with autism [52].

Cho ([45], p. 1) argues that physicians (and I would add all clinicians) *"… must pay special attention to the ways in which they or their field may be unconsciously biased towards or lack information about certain identity groups."* This is a difficult topic and one which most decidedly requires leadership, including the ability to able to influence and negotiate with all the parties involved [53].

3.3 Equity

One of the underpinning factors in the social epidemiology of patient safety is the equity of care. *"Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided"* ([54], p. 433). This requires that *"… equal access to available care for equal need, equal utilization for equal need, equal quality of care for* all" ([54], p. 434). I would add and equal quality and safety for all.

As noted earlier in this chapter, the Institute for Health Innovation in the USA has included equity as the quintuple aim of healthcare. This, it has been argued, requires that *"… all improvement and innovation efforts a focus on individuals and communities who need them most"* ([10], p. 521). Social work leadership can and should be involved in both identifying those individuals and communities who most need interventions and working to ensure that conscious discrimination or active bias does not occur.

The decisions around medical rationing during the COVID 19 pandemic are a case in point. Chen and McNamara ([55], p. 511) argue that *"The current public health crisis has exposed deep cracks in social equality and justice for marginalised and vulnerable communities around the world."* Lee ([56], p. 1) notes that the pandemic trigged "inequity amplifiers" including *"(1) expansion of riskscape, (2) reduction of social ties, (3) uncertainty of future, (4) losing trust in institutions, (5) coping with new knowledge,*

and (6) straining on public spending". One way the 'straining on public spending' was addressed was through the issuing of treatment guidelines.

One way this played out was through the issuing of guidelines and decision tools around the world which were ageist and or ableist [57–59]. These clinical decisions tools compounded governments' often slow responses to provide the additional care required by these groups [60], even though it was clear from the start of the pandemic that they were at higher risk (as were people from certain ethnic backgrounds – both patients and staff). Discriminatory decisions ranged from the distribution of vaccines [61] to the provision of treatment and care, including *"... reported rise in the number of 'do not resuscitate' orders being imposed on people with disabilities ... Vulnerable members of society, including older persons and people with disabilities, were seen as being most at risk, and healthcare professionals were advised to prioritise those who had the best chance of recovery in the event of a mass outbreak"* ([55], p. 1).

From an ethical and human rights perspective these clinical decisions, which would adversely effect some groups in the community and not others, were forms of iatrogenic harm [62]. The fact that these discriminatory guidelines emerged during a pandemic, or crisis, can provide a part explanation, but not an excuse, and they mirrored at a macro level, the decisions made at Memorial Hospital in the US during Hurricane Katrina, where patients were euthanised without their or their family's knowledge or consent [63, 64].

As Marks ([62], p. 104) argues, history *"... calls into question the very idea of the pandemic/non-pandemic distinction. Given the countless failures to heed warnings prior to COVID-19, and the inevitability of future pandemics, we must consider a pandemic as something that is either happening or about to happen. That argument becomes all the more compelling when we recognize that—as COVID-19, Hurricane Katrina, and many other crises periodically remind us—the burden of systemic failures to prepare for public health emergencies falls disproportionately on communities suffering from systemic inequalities."* In short what COVID has done is to show how deeply social attitudes towards the vulnerable can affect clinical decisions. The role of social work leadership? McGuire, Aulisio ([65], p. 23) (as part of the Association of Bioethics Program Directors (ABPD) Task Force) concluded their review of the ethical challenges arising in the COVID-19 Pandemic that *"Even in the face of the terrible burdens of an overstressed healthcare system, disability communities need special consideration to avoid inequities"*.

4. Attributes of social work leaders addressing patient safety

I must begin this penultimate section of this chapter with the provisio that this list of attributes is neither comprehensive nor evidence based. Rather it draws on my experience and research over 30 years as an academic interested in the quality and safety of care for vulnerable groups and individuals. Competencies are often dived up into three categories: knowledge; skill and attitudes [66]. In this section I will address two key attributes for social work leaders under each of these categories.

4.1 Knowledge

Although there is a wide range of knowledge associated both with health leadership and with patient safety, in this section I would like to address what I believe are

two key concepts we can use as social workers engaged in improving the quality and safety of care (including all the various elements of clinical governance and similar frameworks. These are intersectionality and epistemic injustice.

4.1.1 Intersectionality

As we have seen in the section on the impact of diagnostic overshadowing, it can be the multiple vulnerabilities of individuals and groups that contributed to heightened risk rather than any one single characteristic. One way of understanding that factor is through the lens of a theory called intersectionality. Intersectionality has been used to examine "*... the multiple interacting influences of social location, identity and historical oppression*" ([67], p. 288) and the way that "*... the a priori centralization of one system of inequality, social status, or identity, obscures the ways in which systems of inequality co-constitute and mutually reinforce one another*" ([68], p. 210).

This situation can be seen in the death of Mr. Brian Sinclair (although there are similar cases around the world). Mr. Sinclair "*... died in the Emergency Room [in a Canadian hospital] in 2008 ... His physician had referred him to the emergency room as he had a blocked catheter. Health care workers assumed that Sinclair was a drunk, poor, and homeless Indigenous man seeking shelter, and therefore, he was never triaged into the system. He waited 34 h[ours] in the waiting room and was pronounced dead when a physician finally decided to see him*" ([69], p. 37). In other words the assumptions made about his social status resulted in his not receiving the medical care he required.

An awareness of the intersectionality might assist in mitigating the risks faced by people such as Mr. Sinclair. Wilson, White ([70], p. 9) argue that "*Rather than pretending that differences do not exist, or minimizing their potential impact on the patient–clinician relationship, intersectionality acknowledges how multifaceted differences shape the patient–clinician interaction and forces a reframing that can lead to improved outcomes. An intersectional conceptual framework also requires an exploration of how institutional practices within the clinical environment, even those that seem neutral, unfairly advantage some and disadvantage others.*"

They conclude that "*(1) An intersectional lens requires the clinician to confront his or her own biases, whether the presumptions are of commonality or of difference between the clinician and the patient. (2) Understanding clinician–patient interaction through an intersectional lens complicates the picture, challenges assumptions (sometimes yielding surprising information), and potentially clarifies issues that arise between the patient and the clinician*" ([70], p. 13). Once again, I would argue, social workers are in a unique position to both educate other health professionals about these risk, and support the patients at risk through advocacy (which will be discussed in following sections).

4.1.2 Epistemic injustice

Another source of knowledge for unpacking the social epidemiology of patient safety is through the lens of epistemic injustice [71]. "*Epistemic injustice is a kind of injustice that arises when one's capacity as an epistemic subject (eg, a knower, a reasoner) is wrongfully denied*" ([72], p. 1). There is evidence that this occurs in several ways in healthcare, including the dismissal of complaints from vulnerable groups and individuals, including people with low levels of formal education [73], people with mental illnesses [74, 75], and most recently people experiencing long COVID [76], to name just a few groups.

Understanding and addressing the risk of epistemic injustice is profoundly important for patient safety. *"Evidence provided through patient safety inquiries and a number of high profile cases includes testimonials of both patients/families and staff who have raised concerns only to have them dismissed [23]. For patients, families, carers and communities, that dismissal amounts to an epistemic injustice, where patient testimonies are "... are often dismissed as irrelevant, confused, too emotional, unhelpful, or time-consuming' ([77], p. 530). Denial of patients' (families' and communities') concerns do the people involved a significant symbolic violence as well as actual harm [78].* As Carel and Kidd (2014, 530) note "*... ill people are more vulnerable to testimonial injustice, because they are often regarded as cognitively unreliable, emotionally compromised, or existentially unstable in ways that render their testimonies and interpretations suspect*" ([27], p. 15).

In their study of patients' access to their own case notes, Blease, Salmi [79] argue that epistemic injustice disproportionately affects what they call 'marginalised patient populations' (ie the same groups I have identified as vulnerable), *who "... may suffer a 'double injury' when it comes to information blocking. Perhaps because they are vulnerable to nonconscious forms of epistemic discrediting, and communication breakdowns, such patients may accrue greater benefits from accessing their notes away from the pressures and limitations of the face-to-face encounter*", yet such access is less likely to occur for those groups ([79], p. 5). In other words vulnerable groups are more likely to be dis-believed (within the healthcare context) and at the same time, less likely to have access to the tools which might improve their care (such as access to their case notes). This area of knowledge ties in closely with the advocacy role for social workers, discussed under the skills section.

4.2 Skills

The two skills I would like to consider in relation to the role of social work leadership for patient safety are interprofessional practice and advocacy.

Interprofessional practice

Much has been written about interprofessional practice over the last two decades, and the links between poor interprofessional practice and or teamwork and unsafe care have been a recurrent theme in both large scale patient safety inquiries [23] and the research literature. As Blacker, Head ([80], p. 316) note, *"In recent years, attention to the importance of interprofessional collaboration in achieving high quality health care outcomes has been growing significantly. Such collaboration has been linked with greater provider and patient satisfaction, enhanced recruitment and retention of staff, improved patient safety and outcomes, and lower health care costs."*

Reeves, Clark ([81], p. 145) in their review of the interprofessional patient safety literature, support this argument and add that *"A common underlying reason for failures in patient safety has been ineffective teamwork and communication, which has spawned an increased emphasis on improvement ... Effective interprofessional collaboration and teamwork is understood to rely on continuous and open communication, an understanding of different professional roles and responsibilities as well as respect for colleagues from different professional groups." Blacker, Head ([80], p. 319) also note that the IHI's Triple Aim framework, which I discussed earlier in this chapter calls for "... skills in team-based care, collaboration, and interprofessional service delivery".*

Despite the evidence supporting the importance of inter-professional collaboration, barriers continue to hamper the practice, including professional hierarchies and leaders who are unfamiliar either with interprofessional practice per se or with the benefits thereof [80]. As Pullen-Sansfaçon and Ward ([82], p. 1284) note social

workers have a unique contribution to interprofessional practice. *"Social workers, with their values, knowledge and training in groupwork, have potentially a special role to play in facilitating interprofessional teamwork."* This is especially true if we consider Nancarrow, Booth [83] 10 principles for effective interprofessional teamwork, the first of which was for the team to identify *"... a leader who establishes a clear direction and vision for the team, while listening and providing support and supervision to the team members"* ([83], p. 5).

4.2.1 Advocacy

Addressing risk factors is not just matter of knowledge about the clinical evidence, but also about being understanding and address the social conditions which may contribute to people's or groups' risk, and the ability to able to advocate for those groups. As Swinford, Galucia ([84], p. 513) argued in relation to the COVID pandemic *"... social work has much to offer in our roles as researchers, educators, practitioners, and advocates during this crisis, and our foundational principles serve us well."*

Social work training is unique among health professions in preparing professionals specifically for advocacy roles. This includes providing a vision and gaining support for strategies which address health and healthcare issues through the lens of social justice [85]. As our research showed, clinicians identified patients without an advocate as being at higher risk within the health system [26], and that was before COVID shone an even brighter light on the risk of not having an advocate in healthcare [86, 87].

4.3 Attitudes

The final component of competency standards is that of attitudes. I have chosen two specific one to consider in relation to patient safety: compassion, which has recently emerged as focus in patient safety and humility, which is closely aligned with compassion and which ties back to questions of epistemic injustice.

4.3.1 Compassion

The interest in the role of compassion (as well as empathy) in organizations in general [88] and more recently in healthcare in particular [89] has gained momentum over the last decade - both in relation to healthcare staff and to patients (and their families). Dewar and Nolan ([90], p. 1249), adapted the work of Lown, Rosen [91] articulated the four essential characteristics of compassionate care: *"1) a relationship based on empathy, emotional support and efforts to understand and relieve a person's distress, suffering or concerns; 2) effective interactions between participants, over time and across settings; 3) staff, patients and families being active participants in decision making; and 4) contextualized knowledge of the patient and family both individually and as members of a network of relationships."*

Mannion [92] notes that one of the factors which might undermine compassion by healthcare providers towards patients is the compassion fatigue which is associated with caring roles associated both with high levels of stress and the high demands of emotional labour.

de Zulueta ([93], p. 1) undertook a review of the literature relating to compassionate leadership in healthcare. She argues that *"Compassionate health care is universally valued as a social and moral good to be upheld and sustained. Leadership is considered*

pivotal for enabling the development and preservation of compassionate health care organizations."

She goes on to describe how compassionate leadership contributes to healthcare organizations and links most of the elements identified as supporting the type of just culture required for a safe healthcare environment [94]. "*Developing leadership for compassionate care requires acknowledging and making provision for the difficulties and challenges of working in an anxiety-laden context ... This means ... sustaining high levels of trust and mutually supportive interpersonal connections, and fostering the sharing of knowledge, skills, and workload across silos. It requires enabling people to experiment without fear of reprisal, to reflect on their work, and to view errors as opportunities for learning and improvement. Tasks and relational care need to be integrated into a coherent unity, creating space for real dialog between patients, clinicians, and managers, so that together they can cocreate ways to flourish in the context of illness and dying*" ([93], p. 1).

West, Eckert ([89], p. 17) further explains this process by making explicit links between compassionate leadership and organizational cultures which provide the psychological safety for employees required to foster innovation and high-quality care. Such cultures are marked by compassionate leadership which is displayed via four key elements: "inspiring vision and strategy (i.e. unwavering focus on high-quality continually improving compassionate care; inspiring and meaningful vision; shared understanding; clear, aligned, manageable challenges and tasks; and alignment between workload and resources); positive inclusion and participation (ensuring all voices are heard; creating psychological safety and encouraging teams to be compassionate to one another; valuing diversity including patient groups, positive attitude to differences; and fair resolution of conflict); enthusiastic team and cross-boundary working (i.e. working compassionately with other teams (inter-team compassion); being supportive and collaborative; and having a 'how can we help?' attitude); and support and autonomy (i.e. creation of a positive climate – high levels of engagement, positivity and creativity; freedom to be autonomous, but with support; and treating staff with compassion).

4.3.2 Humility

West ([95], p. 73) also makes the link between compassion, humility and the quality of care in the following way "*Compassionate team members demonstrate a commitment to mutual support, building cohesion, modelling trust and demonstrating humility (rather than arrogance or directiveness).*" In other words, humility is strongly associated with psychological safety in teams, which in turn is associated with higher levels of patient safety [96, 97], including engagement in quality improvement work [98].

The importance of leaders' humility plays out in several ways. Firstly, as a characteristic of leaders (including of course social work leaders), humility means that the person in charge is able and willing to listen and consider the opinions of others. Humility as a leadership trait associated with effective leadership [99].

Secondly, as West ([95], p. 75) goes on to describe, humility is also a characteristic of organizations with compassionate cultures. In these organizations, "*Leadership strives to be authentic, open and honest, showing humility (a commitment to learning to improve their leadership, for example), optimism, appreciativeness and compassion.*"

Thirdly, the idea of humble leadership is a "*... shift to go away from the person, hero, leader to seeing it as a process ... to get away from looking at what does the individual need to be a leader, and examining the many, many ways that leadership occurs*" ([100], n.p.) including abandoning the "*... image of the self-reliant, heroic leader in favor of a shared*

leadership model characterized by humility and partnership" ([101], n.p.), which in turns creates a positive organizational culture and a joint commitment to organizational goals (including patient safety and quality improvement) [102].

Finally, there is also a significant body of research which addresses the idea of cultural humility. Cultural humility as a way of addressing the needs of people from diverse backgrounds (both patients and staff) has overtaken the earlier concept of cultural competence. This is because, as Fisher-Borne, Cain ([103], p. 165) argue, "*Within social work and beyond, cultural competency has been challenged for its failure to account for the structural forces that shape individuals' experiences and opportunities. In contrast, the concept of cultural humility takes into account the fluidity of culture and challenges both individuals and institutions to address inequalities*". For social workers and all other health professionals, cultural humility "*… incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations*" ([104], p. 117).

Robinson, Masters ([105], p. 162) created what they call a conceptual model for healthcare leaders of the five 'Rs' of cultural humility, which are equal useful as a summary of the behaviors associated with leadership humility in general. The five Rs and their associated questions (which leaders ask themselves) are:

> *Reflection Aim: One will approach every encounter with humility and understanding that there is always something to learn from everyone.*
>
> *Ask: What did I learn from each person in that encounter?*
>
> *Respect Aim: One will treat every person with the utmost respect and strive to preserve dignity and respect.*
>
> *Ask: Did I treat everyone involved in that encounter respectfully?*
>
> *Regard Aim: One will hold every person in their highest regard while being aware of and not allowing unconscious biases to interfere in any interactions.*
>
> *Ask: Did unconscious biases drive this interaction?*
>
> *Relevance Aim: One will expect cultural humility to be relevant and apply this practice to every encounter.*
>
> *Ask: How was cultural humility relevant in this interaction?*
>
> *Resiliency Aim: One will embody the practice of cultural humility to enhance personal resilience and global compassion.*
>
> *Ask: How was my personal resiliency affected by this interaction?*

5. Conclusion

Sammer, Lykens ([106], p. 156) have identified what they call the seven subcultures of patient safety culture, *namely "(a) leadership, (b) teamwork,*

(c) evidence-based, (d) communication, (e) learning, (f) just, and (g) patient-centered." In this chapter I have examined a new perspective on patient safety – that of the social epidemiology of patient safety - which addresses each of these elements. It also shows the professional strengths of social workers, and in particular on the leadership of social workers across services, systems and sectors, might help reduce harm done to patients, and in particular the most vulnerable.

Conflict of interest

The author declares no conflict of interest.

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Chapter 3

Private Practice Social Work in the Arab World: Sultanate of Oman as a Model

Emad Saleh

Abstract

This chapter aims to discuss the reality of the private practice social work profession in the Arab world from both research and practice perspectives. Furthermore, it identifies the most significant obstacles to the spread of its agencies. Additionally, this chapter discusses several fundamental concepts in this field, such as private practice, private practice agencies, and private practitioners. By referring to scientific research undertaken in the Arab world and, in particular, Oman society, a systematic scientific approach is significant to private practice and its themes. Finally, the author will wrap up the chapter by discussing the findings of one of his studies that identified the obstacles to the spread of private practice.

Keywords: private practice social work, private practice agencies, private practitioner, obstacles, the Oman sultanate

1. Introduction

The social work profession was not initially planned or thought out. It was born out of human needs and suffering. A helping hand was instinctive in various parts of the world. Social, political, and professional pressures all influenced the development of social work. Economic changes, wars, and the rise of other helping professions all contributed significantly to the development of social work as a profession. Social work must be recognized as a profession so that clients can feel confident that they are receiving services from practitioners who adhere to an ethical code of conduct [1]. The social work profession is a relatively recent one. Despite its modernity, it established a professional and value framework for itself, allowing it to continue and flourish while also delivering professional services with a high degree of efficiency and adequacy at all levels of professional activity (micro, middle, and macro). As a result, it has gained social recognition as a vital profession, allowing it to be practiced at all levels of society, including educational institutions and professional practice organizations, and in all aspects of life and work. Furthermore, at the local, national, and worldwide levels, the establishment of professional federations and unions representing program planning and design allows for coexistence.

The rapid development of the profession of social work at both academic and practice levels has enabled it to have a significant impact in most societies. It also helped it develop several models for professional intervention and helped it format a particular theory.

Human societies' cultures that accept social work as a significant profession can significantly change all social systems in the community. This contributed to the fact that professional practices were not limited to governmental and private institutions but led to a sense of the need for the importance of their presence in private institutions. Then the need for private practice in social service appeared in many human societies.

1.1 A brief historical development of the social work profession

Since the first social work class was offered in the summer of 1898 at Columbia University, social workers have led the development of private and charitable organizations to serve people in need. Social workers continue to address the needs of society and bring our nation's social problems to the public's attention [2]. The profession of social work is an American profession, as the United States of America witnessed the stage of recognizing the profession's methods one after the other since the beginning of the twentieth century. The circumstances that paved the way for the emergence of the social work profession were:

- Origins of American social welfare are found in the English Poor Laws. Although the laws were passed over 400 years and changed incrementally to reflect new thinking about poverty and work [3].

- Historical evidence confirms that at the beginning of the 20th century, in the United States of America, the United Kingdom, and Germany, organized aid to poor and otherwise socially disadvantaged people was developed utilizing civic and church organizations provided by volunteers under the guidance of staff. Voluntary service as principle attempts to present the human being beyond the framework of the legal aspects of claiming rights to something; it implies a common bond on the level of moral principles, virtues, and the common good. This heralds to a great extent the trend in community types of co-organization and togetherness, or rather the common good for the community or locality [4].

The care systems for the poor at the end of the nineteenth century and the beginning of the twentieth century depended on the efforts of volunteers on the one hand. On the other hand, a transition was made from individual and voluntary charitable work to the professional and scientific work of the social work profession. It has been shown that recognizing the need for effective coordination of services through an individual and comprehensive assessment to resolve the situation of people with problems demonstrates the need for professionally trained experts for this job. In any case, the professional preparation of social workers in its infancy was never intended to replace individual interest and voluntary effort. For example, "Mary Richmond (1908)" did not think or immortalize that social workers could themselves be servants or helpers of the community; she was convinced that the primary responsibility of social work as a profession is to lead and support voluntary efforts. However, with the development and organization of social services in many fields, the importance of the mutual partnership between social workers and volunteers has been forgotten; as Mary Richmond says:

> *Moreover, we owe it to those who shall come after us that they shall be spared the groping and blundering by which we have acquired our stock of experience. In these days of specialization, when we train our cooks, our apothecaries, our engineers, our librarians, our nurses– when, in fact, there is a training school for almost every form of skilled service- – we have yet to establish our first training school for charity workers, or, as I prefer to call it, "Training School in Applied Philanthropy [5].*

Historically, the social work profession took root, having a twofold micro–macro mission. Pioneer social worker Mary Richmond represented service to individuals and families needing aid to alleviate difficulties in social functioning. Her contemporary counterpart, Jane Addams, represented social reform through environmental change to meet broad human needs. This dual approach to practice has defined the profession since its inception. Indeed, according to historians, during the progressive era, the macro area had a strong presence that dominated the attention of social workers [6]. Porter Lee (1929) characterized the dual micro and macro practices of the profession in terms of "cause" and "function," discussing both their complementary relationship and the tension between them [7].

Social work in American and European society at the beginning of the twentieth century and in the period between the first and second world wars was characterized by the development of educational programs for the profession and the entry of the social work profession into many fields.

At the same time, this period was described as the stage of independence, where professional efforts of social work tended toward defining itself as an independent profession, and in the context of these efforts, not only the appearance of social work was changed but changes were found in its relationship to voluntary work. In an attempt to show social work as a profession in its relationships with representatives of other disciplines, its relationships with clients and society, and its relationship with itself as a profession, a distinction needed to be made between the professional efforts of social service and volunteer efforts.

With time and more efforts to be made, social work has become a recognized profession in all human societies. Social work to become unique among helping disciplines develop distinct methods of practice. These methods are social casework, social group work, community organization, social welfare administration, and research. It is "Scientific Humanism" as it uses a scientific base. Social work is based on specific values that constitute the "philosophy of social work." Social work is based on faith in the essential worth and dignity of the individual [8].

1.2 The emergence of the social work profession in Egypt and the Arab world[1]

Egypt was one of the first countries in the Middle East to authorize the practice of social work. The field of social work emerged in the 1930s due to cultural friction between Egyptian students who were studying in Western European countries and the United States of America. Accepting the profession in Egyptian society strengthened the presence of many foreign communities in Egypt during that period, where practicing social work started with the people of the French community in Egypt. The first school of social work was established in Alexandria in 1934, and most of its students were foreigners. Teaching in it was based on the French language. In 1937 a

[1] The Arab world is made up of 22 countries. Egypt is the largest of these countries. Egypt has spread social work education to the majority of Arab countries, including the Sultanate of Oman.

group of Egyptian educated from studying outside, especially from the United States and Western Europe, established the Egyptian Association for Social Studies (EASS). In the same year, the EASS established the school for social work in Cairo; in 1939, the Ministry of Social Affairs was established. In 1940, the first batch of Egyptian social workers graduated, as the state began to take the lead in working to solve social and individual problems [9]. According to some observers of the history of the social work profession, Professional social work in Egypt started only in 1936 when the first school of social work was established, "but charity and social welfare services have been offered and known in Egypt since the Pharaohs ruled" [10]. Others believed that the profession of social work appeared in Egypt when Western-educated social workers brought professional social work education to the Middle East. Specifically Egypt, in 1936 when "two foreign-born social workers (one trained in the United States and the other in Switzerland) and a professor from the American University in Cairo initiated the idea and were able to muster support" to establish the Cairo School of Social Work [11].

Following the establishment of Schools of Social Work in Egypt, the first social work pioneers were used to encourage them to do research, write, publish, and continue to promote professional education in social work. Fatima Al-Harouni, Ahmed Al-Sanhouri, and Saleh Al-Shobokshi, writers of the first Arabic publications on social casework were among these Egyptian pioneers. In addition, the initiation of postgraduate programs, the awarding of master's and doctoral degrees in social work, and the expansion of sending students abroad all had a significant impact on increasing scientific knowledge, learning about modern curricula and theories, and attempting to integrate them into Egyptian society [12].

The social work profession in Egypt has been consistently developed. However, development at academic institutions has outpaced development at professional practice organizations. For example, the Cairo School of Social Work was founded in 1937, and the first batch of social workers graduated in 1940 (17 students); the school's name was changed to the Higher Institute of Social Work in Cairo in 1972. In 1947, the Higher Institute of Social Work for Girls was founded in Cairo's "Garden City," and it eventually became the social work faculty of Helwan University in 1975. This faculty began awarding bachelor's degrees in social work, and graduate programs at the master's and doctorate levels began a few years later [13]. The faculty of Social Work at Fayoum University was established in 1983. Studies began in the academic year 1984/85 at bachelor's and master's levels simultaneously. The college has since become one of the forefront educational institutes of social work in Egypt and the Arab world. As a result, several high and medium faculties and institutes in social work were established in Egypt, increasing the number of university faculties to six, the number of higher institutions giving a bachelor's degree in social work to twelve, and five medium institutes grant a diploma degree in social work. Despite remarkable advances in the social sciences in general and social work in particular, all Arab countries continue to encounter several challenges that hinder the development of the social work profession. "Soliman and Abd Elmegied" believe that Social work curricula in Egypt need to be rigorously and consistently updated to be able to cater to problems such as illegal migration, refugees, refugee students, drug addiction, increased marginalization, slum living conditions, and children living in the streets [14].

Furthermore, an observer of the development of professional practice organizations of social work in the Arab world might detect the severe slowness of this development. From our point of view, many factors prevent this development from

proceeding in its natural course and at the same speed as it is moving in the advanced Western countries. Among the most important of these factors is that social work education is focusing on quantity rather than quality (accepting large numbers of students without paying attention to the level of education and training), in addition to concentrating on teaching traditional approaches and neglecting modern approaches in social work. On the other hand, the circumstances of professional practice organizations do not encourage their development because they continue to serve their clients using old models. Therefore, any attempts by academics to bring about the product through teaching and training social work students on modern approaches were hopeless as long as the primary practice organizations in the field have not adopted these current approaches in dealing with their clients. The natural and logical evolution of the social work profession in the Arab world is hampered by several factors. The author will not talk about them, but I will mention a few of them as entry points for the vision of change and progress in professional practice.

1.3 The social work profession in the Gulf societies

After the social work profession established itself in Egypt, it expanded and spread in the regional environment, including 22 Arab countries; the spread was rapid in the Arab Gulf counties. The Egyptian pioneers of social work carried on the responsibility of spreading and settling the profession in Gulf countries. Although the Gulf societies received this modern profession, the Islamic culture of these societies prevented the adoption of the trend of secularization of social work. As one of the previous studies explained, this trend toward secularization of the social work profession has been prevalent in many regions of the world. Still, it has not been the case in Arabian Gulf and other Middle Eastern countries. Resistance to this trend has been influenced by the role of religion in Muslim-majority countries and the impact of the Islamic worldview on people, their problems, their relationships with each other, and obligations to the broader society [11].

Since most of the universally agreed-upon human and ethical values are Islamic religious values, all human rights newly recognized by the international organizations concerned with human rights have been validated by the Islamic religion for more than 1440 years. The global statement of human rights in Islam clarified that the Islamic religion guarantees all human rights and includes them for the human being regardless of his faith, color, race, gender, or any other discriminatory differences. It guarantees him the right to life; freedom; equality; justice; protection from torture; Asylum; thinking, belief, and expression; religious liberty; economic freedom; sufficiency of the necessities of life; the right to marry; privacy; travel; movement; children's rights; wife's rights; Laborers' rights, and other human rights [15]. However, like most of the world's major religions, many of the core values and purposes of Islam are mainly consistent with the social work profession's mission, vision, and core values. It is important to note that Islam is not only a belief system but also a way of life that unites the metaphysical and material dimensions [11].

It was entirely dependent on Egyptian academics to develop social work programs in all Gulf countries. However, some of these countries have been developing social work education programs by providing them fully in English, despite field practice that will take place in an Arab environment. Therefore, the need for the assistance of some academics from Western countries was imposed due to the lack of national competencies in those countries, and they thought that the development process requires obtaining the profession from its own origin countries.

1.4 Social work profession in Oman[2]

The start of social work profession practice in Oman was in the educational field, the first group of social workers was employed at the beginning of the 1970s of the last century, specifically in 1973/1974. The total number of this group reached 22 social workers (15 males and 7 females), including 11 who were employed in the Governorate of Muscat (The capital), while the remaining number was distributed among some Governorates of the Sultanate [16]. These social workers mainly were Omani scholarship students who had studied social work in Egypt or Egyptian social workers who were employed in some schools in Oman. After that, The Omani government recognized the urgent need for more social workers to employ in many professional practice fields. The government employed non-qualification persons to play the social worker's role in the schools, which was unsuccessful and led to a wrong impression of the profession among the residents of the community; this led to the profession's ineffectiveness and reduced its status in the society. The Omani government took two steps to solve this problem (the lack of Social workers), the first step was to send a huge number of students abroad to study sociology or social work, and the second step was to launch the sociology department in Arts and Social Sciences College, at Sultan Qaboos University in 1987. The department has introduced the Bachelor's program in sociology as a major discipline and social work as a minor discipline. In 2001, the department established a separate Bachelor's degree in social work. Then the department's name was changed to become the department of Sociology and Social Work. Thus, the process of providing community organizations with qualified social workers began. The Master's program in sociology started in 1992/1993 for a few years and paused in 1997. The Master's program resumed in both sociology and social work again in one program in 2004/2005. Since then, the development process has continued to develop the Master's programs into two separate programs, one for sociology and another for social work 2011. In addition, Dhofar University introduced multiple programs in social work (diploma- bachelor- master) in 2004 [17]. Thus, Omani social workers were employed in most organizations and ministries, where they were employed in schools, the various departments of the Ministry of Social Development, higher education institutions, the Ministry of Health, and in other fields, etc.

In conclusion, regarding the fields of practice, the school social work is considered the most widespread field placement in Oman; it is also the most acknowledged and accepted area of social work. In this field, the school social workers cooperate with other professionals from different disciplines, such as physicians, nurses, teachers, physical therapists, vocational rehabilitation specialists, and others; to help pupils satisfy their needs, solve their problems, and provide welfare programs, such as health, educational, social, and psychological welfare assistance. This cooperation takes the form of teamwork, which is based on coordination and integration to achieve the desired goals [18]. However, most of these social workers have achieved little progress in most cases. Accordingly, they have begun to look for other governmental or private practice institutions to get direct help to achieve the successful treatment

[2] The Sultanate of Oman is an Arab country in West Asia ruled by a monarchy. It is the Arabian Peninsula's third-largest country in terms of land area. The Sultanate of Oman occupies 309,500 km in the south-eastern corner of the Arabian Peninsula. The Gulf of Oman borders it to the north and the United Arab Emirates to the northwest. Kingdom of Saudi Arabia is to the west, Yemen is to the south, and the Arabian Sea is to the southeast.

of complicated cases. It is noteworthy that the primary focus of private practice is the direct delivery of clinical social work services [19].

2. The key concepts

Defining the key concepts is a cornerstone and important task in scientific research. It prevents overlapping between concepts, and it draws a boundary for the understanding meaning of a concept in that particular context [20]. The concepts of social work and private practice social work are the most essential key concepts for this chapter. In addition, the author will show private practice agencies and private practitioners.

2.1 Global definition of social work

Social work is the inclusive term referring to methods of practice, provision of services, and the organization of occupational groups and professions that seek to improve social relations. It includes ideas such as social assistance, social development, and social pedagogy, which are, in some countries, the basis of one or more "social professions" [21]. As "Offer" defines it as a profession with diverse approaches to practice and organizing services. Always, however, social work involves a trained employee engaging in relationships with individuals, groups, or broader communities of people to help them manage social difficulties through better social interactions and engage with social structures within their society. It also involves developing social structures, including volunteering and formal social services to respond to social needs [22].

Specialists in the social work profession seek to establish a specific definition of the profession that fits the nature of developments at the level of professional practice. Although definitions of social work are contested and evolving, social workers carry on many tasks that vary across different countries and different types of welfare regimes. A newly agreed global definition of social work seeks to capture the values of social work, its knowledge base, and practice methodologies [23]. These values are evident in many professional codes of ethics in all countries. However, these values are more specifically expressed in the Global Definition of Social Work. That definition has given it particular importance among all professions recognized locally and internationally.

European Association for Schools of Social Work (IASSW) and The International Federation of Social Workers (IFSW) introduced the following global definition of Social work: Social Work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by social work theories, social sciences, humanities, and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing [24].

The author can offer a practical concept of the social work profession. A human and institutional profession qualified social workers practice. It employs three primary methods (social casework, social group work, and community organization) and two secondary methods. The profession aims to enhance the capability of individuals, groups, and communities to satisfy their basic needs and solve their problems

in a manner guided by a set of humanitarian, religious, moral values, principles, and society's culture.

2.2 Private practice social work

Building a private practice social work is a challenging endeavor that requires initiative, professional experience in the field, organization, business savvy, and maintenance of relevant licenses and certifications [25]. To answer the question, what is the private practice of social work? The author should discuss the definition. Numerous definitions have been introduced for the private practice of social work. "Barker", for example, developed one of them, and it states that private practice social work is the provision of professional services by a licensed\qualified social worker who assumes responsibility for the nature and quality of the services provided to the client in exchange for direct payment or third-party reimbursement. Moreover, the process in which the value, knowledge, and skills of social work, are acquired through sufficient education and experience, and used to deliver social services autonomously to the client in exchange for mutually agreed payment [26]. Likewise, it was defined by "Al-Sokary" as the process in which social work's value, knowledge, and skills are acquired through sufficient education and experience and used to deliver social services autonomously to the client in exchange for mutually agreed on payment [27].

Some think that there is a close relationship between the concepts of private practice and clinical social work; this view is based on the fact that the latter is considered the most significant embodiment of the earlier concept. For example, "Abdul Majid" cited the view of "Munson", who indicated that clinical social work is one of the contemporary applications of the professional practice and that it is the most widespread concept. It is also the natural extension of some forms of traditional practice that have already prevailed in social work, e.g., Social Casework, Psychiatric Social work, and Social therapy [28].

By reviewing the definitions mentioned above, the author could define the private practice of social work as "the professional practice by the social workers that are applied through private agencies of multiple disciplines, where services are provided to individuals, families, and groups in exchange for contracted payment which is paid by the client themselves or by a representative third party".

2.3 Private practice agencies

The concept of private practice agencies can be clarified by reviewing the patterns of practice agencies of social work in Omani society, like the following:

1. Governmental agencies: they are the most widespread kind of practice, and they exist in schools, social development units, and some hospitals. They provide some social services for citizens as individuals, families, and communities without fees.

2. Community development agencies: they are legally registered agencies established and run by the population and financed by subscribers' contributions, donors, voluntary assistance and charity, etc. The government practices a great deal of supervision over them. They come in the second rank in terms of their spread, right after the governmental agencies. They provide free services for

citizens or services in exchange for nominal fees used to finance the development of the provided services and activities.

3. Profitable private agencies: they are profitable agencies sponsored by the private sector. They provide their services for stated fees in exchange for permanent or temporary residence or continuous visiting to get services. Of these agencies are those providing care for the disabled and those caring for children with Autism ….etc.

4. Social clinics and private centers: Agencies that any citizen establishes. They serve as a psychological and social clinic or as a center for educational or family counseling. They are established under the rules and regulations imposed by specialized governmental provisions. Among those regulations is the existence of a social worker to run and supervise the clinic/center and be responsible for providing social and counseling services to clients for stated fees as previously contracted with the client or their representative.

In this chapter, the private practice agencies for social work belong to the latter two kinds, i.e., profitable private agencies, social clinics, and private centers.

2.4 Private practitioner

In the beginning, the question is who is the private practitioner of social work? The author will adopt the definition of NSCSW for Private practitioners. Private practitioner social workers are self-employed and solely responsible for the liability of their practice. Before beginning a private practice, a social worker must demonstrate that they have advanced skills in one or more specialized areas of social work and can apply them independently. In private practice, social workers can offer to vary services widely. According to their experience, skills, and qualifications, they may provide family counseling, mental health services, support community development, facilitate education and training, complete specialized assessments, etc. [29].

Private practitioners shall adhere to the values and ethics of the social work profession, utilizing the NASW Codes of Ethics as a guide to ethical decision-making [30]. These values are represented by the importance of professional responsibility to the client, respect for human dignity, respect for human diversity, and honoring the uniqueness of each client. as well as the client's right to self-determination, the client's right to privacy, and confidentiality, the client's right to informed choice, services rendered with maximum client collaboration, the duty to protect individuals, communities, society, and ethical and lawful practice [31].

2.5 Leadership and organization

In order for us to ensure that our organizations continue to be led by social workers, we must adapt. We, as social workers, have not done our parts to change the course that has already begun [32]. Because of this, we should help our social work students to become leaders for social organizations in the future.

In the past, there were not enough possibilities for social workers to manage social and educational organizations in Arab countries. Teachers, for example, should head schools; physicians should head hospitals, and so on. Nowadays, Circumstances and conditions have changed, and social workers have the opportunity to lead a variety of

social and educational organizations. This occurred as a result of social work educational institutes recognizing the value of leadership skills in the preparation of social workers. One of the major factors that contributed to this is the achievement of many skilled social workers in demonstrating the profession's significant role in addressing a wide range of social circumstances and problems. This was reflected positively in the change of law and administrative rules to allow social workers to take on managerial and leadership roles in all professional organizations. For example, the law regulating and establishing private practice social work agencies in the Sultanate of Oman expressly requires that the agency's director be a social worker with experience and competence, and the law has specified many other conditions that ensure the success of managing these types of agencies.

3. Methodology

The entrance of mixed methods research forces itself on contemporary research. The idea of merging social scientific research methodologies has lately acquired traction through a study series titled mixed methods research (MMR) through the social and behavioral sciences [33]. The employment of the descriptive analytical approach with content analysis of the theoretical literature on the development of the profession demonstrates the dependence on the mixed approach. Then, a research sample was used, which included several studies, research, and theoretical literature dealing with the global and local development of the social work profession from its recognition stage until now. These studies and theoretical literature were collected through the Internet and manual research. The researcher completed this chapter by giving the findings and suggestions of one of his descriptive-analytical studies on private practice in the Sultanate of Oman. The researcher employed both quantitative and qualitative research methods. The social survey method by sampling to obtain data for that study. The sample includes school social workers and experts from the Sultanate of Oman's Ministry of Social Development and Ministry of Education, as well as two groups of recent social work graduates. Then, the school social workers in the Sultanate of Oman (n = 1170) serve as the sample frame. According to Cochran, the sample size is adequate when the sample taken from the study population is between (5%, 7%, or 10%) of the total population [34]. After analyzing a list of all of the Sultanate of Oman's schools, which were classified according to the educational stage, the sample's 117 units were drawn using systematic random sampling. Then, out of tens of social workers, one social worker was picked at random. The questionnaire forms were distributed to all of the sample units. 110 forms were returned by the sample population. Six of the forms were eliminated after a thorough examination because their data was incomplete. As a result, the sample size was limited to only 104 units. The sample for the qualitative research method consisted of seven experts and twenty-six graduates divided into two focus groups. The first group had 14 graduates, while the second had 12.

3.1 The reality of private practice social work agencies in the Omani sultanate

The enduring profession of social work is now in its second century. Grounded in core values, it has withstood major political, social, and economic changes over time. The scope of its knowledge and skill continues to grow as the profession responds to

developing needs in the United States and all over the world.. Many social workers are in the forefront, shaping public policies, advancing client interventions, and influencing research agendas [35]. The reality of private practice social work varies greatly among societies; this distinction may be attributed to a society's culture, differentiation, and the nature of its problems. For the Arab world, every Arab country has its unique culture, which might influence the kind and level of private practice social work.

Social work will continue to strive to prove its efficacy in society, either by boosting social workers' professionalism and competence in well-known conventional domains or by entering new areas forced by rising and evolving social requirements. To be qualified to execute the duties that society expects of it, it must respond to societal needs and progress the components and parts of the profession [36]. Those who are aware of the state of professional social work practices in many Arab countries recognize the significance of making further efforts to enhance and develop this situation. As a result, it has been regarded as suffering from numerous crises in terms of research and practice, as well as a lack of conceptualizing.

Saleh [37] conducted descriptive research to become familiar with the realities of private social work practice and the extent of the need for it in Omani society, as well as identify the obstacles that hinder the spread of the private practice of social work agencies in Omani society, in addition to offering suggestions to overcome these obstacles. This research yielded several relevant findings concerning the reality of private social work practice and the obstacles that hinder its agencies in Oman, which will be discussed in the following pages.

Despite the high level of demand in society, the growth of private professional practice agencies in Oman is limited in comparison to the growth of such agencies in Arab and Gulf countries. While many school-based social workers have stated that the lack of private practice social work agencies puts them in a difficult position, they have only limited options for a referral from government or commercial agencies. Saleh's 2006 study confirmed this, emphasizing the lack of specialized agencies in school social work (governmental or private), which may limit social workers' thinking in implementing referrals for cases that require it, and they are satisfied with the services they can provide based on their qualifications. This may limit social workers' thinking in implementing referrals for cases that require them, and they are satisfied with the services they can provide based on their skills and experience, as well as the fact that Omani society lacks such organizations that can contribute to providing social, psychological, and counseling services for schoolchildren [38].

Due to the growth in divorce rates in Omani culture, Saleh [37] and Al-Hashemia [39] showed that Omani society needs a variety of private practice agencies, including family and marital counseling clinics [39]. The need for counseling and psychological guidance centers, psychiatric clinics, and psychological and behavioral rehabilitation centers also appears; Al-Subhia [40] emphasized the urgent need for counseling services in various fields and educational, social, and educational agencies [40]. Al-Wahaibia [41] also emphasized the need for addiction treatment centers [41]. On the other hand, The National Center for Statistics and Information report emphasized the low need for private organizations to care for older adults. The Omani family provides excellent care for the older adults and does not allow their residents in private organizations unless there are no relatives to care for them [42]. Recently, a report from the Ministry of Social Development stated a noticeable spread of private rehabilitation centers, which reached 37 centers in Oman.

3.2 Obstacles to the spread of private practice agencies in Oman

According to Saleh [37], the majority of social workers and recent graduates included in the study do not consider establishing private agencies in the future due to the many obstacles that prevent them, including a lack of professional skills required for private practice, the high financial cost of establishing private agencies, and bureaucratic procedures, in addition to Society's cultural norms. The study identified a number of obstacles to the establishment of private practice social work agencies in Oman, some of which are connected to the profession itself and others to the practitioners themselves. There are further challenges linked to social work education institutions, societal awareness of the profession, regulations governing private practice, and finance [37].

4. Suggestions for overcoming obstacles to the spread of private practice agencies in Oman

4.1 Suggestions for dealing with the profession and practitioners' obstacles

A. Activating the Omani Social Association's role in developing social workers and educating the community about private practice, as well as establishing professional ties in all governorates and states.

B. establishing new fields for social work private practice.

C. Publication of an ethical code that organizes social workers' activities in society.

D. A private social worker must have a master's degree and five years of experience in order to earn a professional license.

E. Encourage social workers to pursue professional self-development opportunities.

F. Establish new communication channels between governmental institutions and private practice agencies in order to complete the professional assistance process to the customers' advantage.

4.2 Suggestions for educational institutions

A. Offering specialized programs at the graduate studies level, as well as senior specialties in professional practice.

B. Academic institutions should assist social workers in achieving a high level of professional development.

C. Courses on private practice and its current techniques should be included in the social work curriculum, and related field training should be taken seriously.

D. Recruiting expatriate academic competence specializing in private practice.

E. Developing realistic criteria for admitting students interested in studying social work.

4.3 Suggestions for increasing social awareness

A. Helping change individuals' perceptions and attitudes toward free services, as well as their reliance on governmental agencies.

B. Improve the reality and perception of private-sector services.

C. Raise public awareness of professional services offered by government agencies as well as those expected to be provided by private agencies.

D. Pre-university education must contain some social work knowledge.

E. Increasing societal awareness of the social work profession through using accessible media.

4.4 Legislative, supervision, and monitoring suggestions

A. Educating social workers about the rules and regulations governing the establishment of licenses and private practice, as well as providing them with relevant literature.

B. Update legislation and laws, as well as simplify registration and licensing procedures, etc.

C. Establish regulating rules that define who is eligible to get a license from private practice agencies.

D. Organize and standardize private practice agency monitoring and supervision methods.

4.5 Suggestions regarding material or financial matters

A. The government should assist social workers who seek to start private practice agencies by offering material and financial assistance.

B. Those wishing to start private practice agencies should be supplied with low-cost feasibility assessments.

C. The corporate and civil sectors should accept social responsibility by giving academic missions to social workers so that they may put their graduate studies into practice in fields of private practice in developed countries.

5. Conclusion

This chapter addresses the reality of private social work practice in the Arab world, mainly in Oman. The author has paved the way for this issue by shedding light on the

profession's global historical evolution, its entrance and development in Egypt, and its subsequent expansion to the Arab Gulf countries. It also covered the social work profession's entrance into Oman and how interest grew at all levels of professional practice and social work education institutions. The chapter also discussed numerous key concepts, including the global definition of social work, private practice in social work, private practice institutions, and the private practitioner. Moreover, the chapter addressed the reality of private practice social work in Oman by reviewing several previous studies that emphasized that topic. When compared to Arab and Gulf countries, it became obvious that the prevalence of private practice agencies in Oman was low. However, it was proved that the need for these agencies has increased in Omani society. Some of the previous studies included in this chapter also show the types of private practice agencies that the Omani community requires to help its people deal with problems and satisfy their social, psychological, educational, and economic needs. Family and marital counseling centers, counseling and psychological guidance centers, psychiatric clinics, psychological and behavioral rehabilitation centers, counseling services in various fields, educational, social, as well as educational agencies, addiction treatment centers, and so on are examples of these agencies. Although this lack of private agencies, a recent report from the Ministry of Social Development stated a noticeable spread of private rehabilitation centers, which reached 37 centers in Oman.

The chapter was also interested in identifying the most significant obstacles that hinder the expansion of private practice social work agencies in Oman. These obstacles include a lack of professional skills required for private practice, the high financial cost of establishing private agencies and bureaucratic procedures, in addition to Society's cultural norms. The study identified a number of obstacles to the establishment of private practice social work agencies in Oman, some of which are connected to the profession itself and others to the practitioners themselves. There are further challenges linked to social work education institutions, societal awareness of the profession, regulations governing private practice, and finance. Finally, the chapter concluded with some suggestions for overcoming each of these obstacles.

In our opinion, in the future, the spread of private practice social work agencies in Oman society will have a positive effect on the status of the profession in society; it will strengthen the ability of the society to face and solve its problems.

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Chapter 4

The Challenge of Migration in Swedish Eldercare: Experiences of Everyday Racism

Linda Lill

Abstract

In this chapter, I discuss the significant challenges that migration constitutes in the eldercare work. The chapter emphasises work experiences, expressions of racism in eldercare services and how staff members deal with racism. The purpose has been to get eldercare personnel to reflect on the concrete actions they handle in their work and the results from interviews with eight women working in eldercare. Essed's theory of everyday racism provides the framework for analysing their stories. The results show how eldercare staff deals with discrimination and vulnerability in the workplace. Staff members also describe their encounters with people who humiliate them and continue working under challenging conditions. Their statements demonstrate aspects of the struggle in working life to maintain both the profession's status and value as a human being. With this knowledge in place, workplaces in eldercare services can actively determine work methods that promote an antiracist working life and equality in the workplace.

Keywords: eldercare work, challenges of migration, everyday racism, leadership, anti-racist social work

1. Introduction

International migration has meant that the proportion of older adults with a migrant background who needs eldercare has increased. The ethnic diversity among the personnel in the welfare sector has at same time enlarged [1]. In eldercare today, caregivers and care recipients born in different countries worldwide meet. International migration thus has several implications for eldercare. Knowledge about how processes of globalization affect local practice can be an essential puzzle for understanding and designing care for the elderly. In such contexts, it can be of great importance to let those born abroad and who work with the older adults have a say in sharing their personal experiences. This is especially central as the knowledge described at best serve as a guide for further action. The referred eldercare work experiences will be fundamental in terms of both the potential for change and development in forthcoming improvements. But also, in matters concerning the management of working conditions, gender equality and antiracist social work.

A concrete solution to handle an ageing population in Europe has been to employ people from other parts of the world. It is about women migrating to the "developed" world to perform care work. The result of women's migration is that it provides care in the developed countries at the same time as developing countries are impoverished on care and the migration chain constitutes a kind of global 'care drain' [2]. The awareness of the phenomenon has meant that the global care chain has become an increasingly used concept in research since Hochschild introduced it in 2000. It is mainly used to identify several problems that arise in connection with migration and to understand its consequences [3]. In 2017, approximately 150,000 people worked with care and nursing in certain forms of housing for the elderly. Of them, 28 per cent were born in a country other than Sweden. In Stockholm County, 55 per cent of the personnel group were migrants [4]. This means that migrants are fundamental for nursing the older adults now and forewords.

There are various problem areas to analyse when it comes to the organisation of eldercare. There are quite small changes that have been made in the field over several decades in terms of the content and nature of the work. Of course, more people have training now than before, but the staff's level of training, alignment, recruitment strategies and working conditions have not developed satisfactorily. It has also been noted that there is an imbalance between requirements and resources for first-line managers working in human treatment organisations [5] and in several of the Swedish Work Environment Authority's inspections, inadequacies are highlighted such as lack of routines for annual systematic environment work, weak introduction of new employees, too little operating resources, weak follow up of high workload for first-line managers and few supporting resources for the occupational group.

2. Aim and research questions

In this chapter, I will discuss progressions around eldercare that is based on the significant challenge that parallels with an increasing number of the older adults with nursing needs, and the shortage of labour is rising. Since there is a demand for work, and many new employees are migrants, I will make leaders aware of how racism and discrimination become issues within eldercare.

It has been known for a long time that eldercare work is considered a low-paid 'women's job for migrants' [6, 7]. Beyond this, are the risks of long-term illness high among all women in the care and nursing professions [8]. However, there is limited research on the organisation's role in environment work management and the research has mostly focused on the individual's ability to handle demands and resources at work [9]. Work environment issues are often handled as a separate task assignment and as an additional burden among many competing goals. This means that there are often deficiencies in the systematic environment work and the work against discrimination. There is, therefore, a need to integrate antiracist social work within the eldercare organisation. But to succeed in the work environment work, it should be handled with equal importance also in the highest management group in the organisation and not only at the lower levels of leadership [10, 11]. Due to these weaknesses in eldercare management, it becomes extra noteworthy to discuss how exclusion and racism are articulated in eldercare. And not least the importance of leadership to create an antiracist social work. The questions are:

- Why are experiences of racism important from a leadership perspective?
- How to organise to avoid or decrease racism in eldercare?

3. Method

The material in the following originates from a qualitative research project implemented in 2012. The research project was called The Challenges of Migration. The purpose was to explore the importance of ethnic relations in eldercare and was carried out through a collaboration between the university, the municipality's research department and care workers within the municipality's eldercare in a city in Sweden. The methodological approach was to conduct group interviews with eldercare staff, and the project resulted in some scientific articles [12–15]. Through an emphasis on race, it was possible to analyse the care workers' statements based on Essed's theory of everyday racism.

The research material develops from a completed research circle (recurrent group interviews) comprised of eight women working in eldercare services. A research circle is an established method of sharing understanding, built on mutual knowledge exchange between researchers and practitioners. A research circle, study circle or the democratic dialogue, as it sometimes is called, is characterised by meetings where interpretations, viewpoints and opinions are exchanged. Perhaps the most critical aspect is that all those who participate can present their own experiences [16]. Through regular meetings and knowledge sharing, the research circle can be viewed as a democratisation of research. The sessions are a mutual exchange of knowledge between researchers and practitioners [12, 17, 18]. No one in the circle has more expertise on the various topics for discussion than anyone else. The researcher's role is to be a facilitator and an interested and attentive participant [19]. The research project has followed ethical research rules, and all participants have consented to the research. The contestants have received information, both in writing and verbally, on the research beforehand. The participants got informed about the research plan, the research aim, the methods used, the consequences and the risks of the study. They have also apprized who the principal investigator is, that participation is voluntary and that the subject has the right to cease participation. Personal data is restricted to the data subject they agreed to and are not used for other purposes. At the beginning of the group interviews, the respondents were told that tape recording techniques were to be used for analysis purposes and that they would be heard only by the researcher working on the study. The respondents have also been allowed to attend relevant sections of the recordings.

Throughout the research circle, discussions have generated insight, understanding and knowledge of how care staff members perceive their working conditions and situations that might constitute inequality. Over four months, the women who regularly participated in the research circle, three hours every third week, which made 18 hours in total, examined the importance of various aspects of inequality and vulnerability in their work. Seven of the eight women were migrants and had moved to Sweden as adults. The circle provided the women with opportunities to describe how they dealt with their work difficulties related to their origins. The purpose of the circle was to encourage care workers to reflect on and discuss how they managed specific situations in their daily work. Examples of issues addressed in these meetings included: What do you do when confronting vulnerability and inequality in the workplace? What do you do in difficult situations?

4. Background

4.1 Eldercare in Sweden

In Sweden, eldercare work is professionalised because it is a profession that is tax-financed and publicly organised for the most part. Care research moves between philosophical discussions about care as a concept and empirical studies that include everyday life experiences. It is about understanding quality and competence in care work, discussing the consequences of different ways of organizing care work, implementing social policy interventions and conducting comparative welfare state research [20]. However, to understand the complexity of care work, it is crucial to understand what the word care in eldercare work means. This is more important than focusing on the words: care or nursing. One problem is that these latter concepts are of great importance for the work of care staff. Nursing provides stronger medical associations than care. Implicit in the idea of nursing lies the wish to cure the patient. Eldercare is not expected to make the old young again. In the same way, care for the older adults does not involve a change for the recipient [6].

The work in eldercare services often involves conditions that pressure the staff members in many ways. The relatively brief training, combined with demanding tasks, frequently results in physical strain and emotional stress among the care workers [21]. This emotional dimension is a crucial aspect and significantly impacts working situations. One essential element is that the healthcare personnel expect to use their empathic skills and common sense when encountering older clients [22, 23]. The staff work closely with the older adults in their daily activities and are also responsible for providing medical care delegated by licensed healthcare personnel. These are complex work tasks, and the care workers must correspondingly ensure that the older adults experience dignity in their daily lives, which is also regulated by the Swedish Social Services Act requirements. To promote dignity in eldercare services, are they expected to maintain a perspective based of the individual right to self-determination, individual adaptation, privacy, bodily integrity, proper treatment, good quality and older adults' individual right to participation [24]. The requirements for facilitating a life of dignity for the older adults assume the personnel's respect for the individual, and older persons must feel that they are safe and that their lives have meaning when receiving eldercare services. These are consequently highly ranked demands for an eldercare workforce, at the same time characterised by low wages and low status, often in combination with unfavourable working conditions.

4.2 Care work and the female virtue

A great majority of employees in eldercare services are women ([25], p. 280), making eldercare one of Sweden's most female-dominated occupations. This feminisation has consequences for how the work is perceived and valued, not least by the older adults. The working conditions in eldercare are primarily based on women's responsible and caring, rational actions. Caring rationality stands for compassion, closeness, treatment and an ability to see every person from a holistic perspective [26]. However, care actions' rationality can contain different spheres, and Franssén [27] divides the care work content into an instrumental (physical) and an emotional sphere.

There is a significant risk of distinguishing between physical and emotional care work being determined too one-sidedly. A common notion about the care work is that the instrumental/physical part is an oppressive practice of women filled with repetitive and alienating tasks, such as cleaning, laundry, shopping, and washing. However, the emotional care work accounts for the positive and more gratifying and meaningful dimensions of the work. The danger lies in that the distinction does not give the physical aspects an emotional scope. Instead, the care profession contains both emotional and instrumental components. Both parts require an emotional commitment while the work is physically strenuous. The dynamic perspective risks idealising the care and ignoring the workload [28].

A notion of female virtue dominates the care work. Like feminine virtue, the care work performs in unpretentiousness and silence. This work fell on the woman's lot is sonically explained because the care corresponds to her nature [29]. Care has, therefore, been linked to 'femininity' and thus to women [30]. The dominance of women in the professional field consequently has a solid historical foundation, which can be traced to notions that women have an inherent ability to provide care.

To be a reliable employee in eldercare services, individuals must first and foremost conduct themselves by the common conceptions of gender and femininity and live up to the meaning of these conceptions. The sociologist Beverly Skeggs studied British working-class women in nursing schools and how the education shaped them into respectable healthcare workers. She considers that professional schooling has primarily focused on making women respectable by conveying typical 'female' characteristics [31]. According to Skeggs, there is a connection between the concept of female respectability and behaving in a caring, responsible and selfless manner.

Given these requisite circumstances, employment in eldercare services is less attractive than in many other professions. The striding working conditions concern everything from working conditions to wages [32]. There are, however, also other factors that could generate complications in this work. One such aspect is being a migrant. One explanation for why so many people with migrant backgrounds work in eldercare is that people with migrant backgrounds often take jobs in areas of labour shortage [33].

Therefore, Sweden has developed an increasingly 'ethnically coded' labour market. But also because migrant nursing assistants consider possessing more genuinely caring qualities [34]. There is, however, research indicating that ethnic discrimination and racism have a significant impact on working conditions in the health and care sector [30, 35–39]. The most common form of racism in the workplace is verbal racism [40]. Ethnic diversity in the workplace produces ethnic discrimination and racism ([41], p. 34). The Swedish Research Council [42] survey highlighted the scarcity of research on racism in the Swedish labour market. Since many people with migrant backgrounds work in eldercare services, it is necessary to ask about racism and discrimination in the workplace.

Much of the eldercare research on migration-related problem areas is based on a client/user perspective [43–45]. When research emphasises the staff's perspective, the dominant area has touched on how they can become culturally competent and work in a culturally congruent way in the encounter with the older migrant person. There are examples of research that concern migrant people's work in eldercare. Still, research is needed to highlight the migrants' own stories and experiences to create new knowledge more accurately.

5. Theoretical outline

5.1 Everyday racism

Philomena Essed's [46] theory of everyday racism provides the framework for analysing the care workers' stories on ethnic discrimination and racism. Their experiences are analysed by using Essed's core theory that racism and racial bias are manifested daily. In short, everyday racism refers to the familiar, seemingly minor, but significant ways non-white people encounter racism through regular social interactions. Unlike blatant racism, which is obvious and easily identified, everyday racism is not always immediately visible and often embedded in daily life. Therefore, Essed argues that racism is more than structure and ideology. She emphasises that racism is expressed in everyday routines and behaviours and is transferred to and repeated in different situations. Essed claims that this racial bias and racism experienced by non-whites is theoretically relevant. The term 'experience' is the core of Essed's conceptualisation of everyday racism. It is consequently crucial to emphasise racialised people's specific experiences.

The sharing of experiences in the research circle is the dissemination of knowledge. The personnel can hereby discuss specific aspects of their daily working lives. Sharing these everyday experiences with the other participants underscore oppressive actions that are difficult to cope with at work and often become invisible. Eventually, in a work culture distinguished by subordination and vulnerability, this exchange of experiences may strengthen the care workers. When emotions are a significant part of the professional work, there is a risk of misjudgements and misunderstandings of situations, that might lead to discrimination and racism in the eldercare services [33, 47].

'Race' is a controversial term in Sweden and not necessarily loaded with the same meaning as in other parts of the world. Race relations and the academically developed term race theory are well-adapted academic and societal phenomena in South Africa, South America, Australia, the United Kingdom and the United States. The French philosopher and social scientist Étienne Balibar [48] has argued that racism, from an ideological perspective, is a discursive practice that hides class interests, social privileges and political power. He argues that it is irrelevant to talk about racism, as we should instead focus on the manifestations of racism found at structural, institutional and everyday levels. Altogether, racism constitutes a complex field of social practices and structures, where various types of people are emphasised and hierarchised.

By focusing on the significance of how concepts of race are created and transformed, we can understand what Omi and Winant [49] describe as racial formation. Racial formation or racialisation happens when people are categorised by complexion and viewed as distinctly different or uncharacteristic. Racialisation refers to explicit or unspoken categorisations, perspectives and associations that naturalise a hierarchical ranking of human beings that structure social relationships and positions of power and subordination [50]. Using terms such as 'racialised' and 'ethnicised' emphasises that specific individuals or groups, based on conceptions of race and ethnicity, are attributed behaviour patterns and are expected to stand for specific values [51].

6. Result

6.1 Experiences of racism in Swedish eldercare services

When the staff members presented their understandings in the research circle, it became evident that they had experienced racist behaviour by their older clients, amounting to 'everyday racism'. It was clear that this involved verbal expressions and a sense of being entirely ignored, especially when a 'Swedish' (read white) colleague was nearby. In her article on everyday racism, Essed [46] claimed that one of the guiding principles of racial bias is the feeling that a sense of superiority dominates an interaction. She believes that dark skin is viewed as a difference and ultimately characterised as a subordinate position in constant comparison with the dominant group of white individuals. Essed's perspective on racism is developed along with a series of vectors: (1) The importance of valuing individual experiences, (2) Recognition of the group's historical experiences, (3) An understanding of both historical and modern group experiences concerning race and ethnic dominance, (4) Confirmation of continuity between personal experiences and group experiences, and (5) Personal responsibility in the process. There is an assumption that racist incidents rely on interpreting the general knowledge of racism and considering what constitutes unfair treatment or discrimination considering these vectors. Ariel stated:

> *When you come in, they [the older person] clearly show you that you don't exist. You're just air! It's only her ['Swedish' colleague accompanying Ariel]! I have tried to work through these feelings over the years, so I do not think about them as often now. But it is so clear, and it does not feel right (Ariel, a nursing assistant in-home care services).*

Ariel examines how she is subjected to racism in the workplace and how it makes her feel bad. Over the years, she has tried to work through her feelings of being ignored and unrecognised as an equal and valued colleague in eldercare services. Her experiences correlate to what Essed describes as a guiding principle of racial bias, expressed as a sense of superiority by merely pretending that Ariel is not in the room. According to Essed, everyday racism does not involve extreme incidents but rather more subtle actions and behaviours. Those targeted by these actions and performances will always sense them, but they are sometimes difficult to identify. For instance, patterns of avoidance and feelings of inadequacy may be challenging to pin down, especially in work-related situations.

The typical attitude regarding older clients' racist behaviour was that these situations were not that serious. The personnel did not view the conduct as problematic but rather an unpleasant part of their work. Racist performance and remarks by older clients were often not perceived as racist but rather as harmless and unintentional. The consensus was that older adults, given their age, ill-health and vulnerability, could not know what they were saying. This 'let-go' attitude among the staff members corresponds with other studies' results [33, 52]. The philosophy ascribes to the idea that racism among the older adults is inevitable and that the staff works with people who do not know any better. Another explanation is that the clients had grown up in a different era when racism was considered the norm. The staff members claimed that they could cope with these difficult situations and tried not to let older clients' behaviour affect them by viewing it due to age, social status or dementia.

The staff members' working life experiences are significant, mainly since they dismiss racial conduct as an unpleasant part of their work. As this unpleasant aspect has become part of the care workers' daily lives, it is essential to look more into the problem. Essed's [46] use of 'everyday racism' is about the boundaries between structural and interactive aspects of racist actions, thus linking the details of micro experiences to the structural and ideological contexts. Everyday racism is created through complex and cumulative incidents over time to occur as individual incidents. Therefore, specific actions and manners become meaningful as aggregated events. Another critical aspect of everyday racism involves racist activities that infiltrate daily life and becomes part of what is considered 'normal' by the dominant group. Examples of this are most clearly expressed in everyday language and popular culture.

Discursive formations and the constructions of race and ethnicity are mobilised through racist discourse. Everyday racism constructs false self-images, which also negatively affects the personal integrity of the victims of racialisation. Ariel described a situation in which she had visited a woman at her home:

> *We had a client where her daughter also lived, and they were overly pedantic, and everything was so clinically clean that you could see yourself on the countertops and see my dark face [giggle]. So, when I come in, I'm working as an intern accompanied by a regular staff member. And when I come in, they will not shake my hand. The other staff member was Swedish and blonde and pretty and worked there for about six months. But this was a two-person job, with lifting and everything that needed to be managed. So, when we came in, I saw that they had the old type of lift. Not the kind you push a button on, but instead the kind that hangs and needs to be pumped. So, there had to be two of us. But whatever I did, she kept yelling:" Aaahhh!" and there was nothing I could do. My colleague said I should try, and the daughter heard how she was screaming. The woman turned to my colleague and said: "Look how black she is!" (Ariel, a nursing assistant in-home care services).*

The statements demonstrate the significance of skin colour, given its indisputable visibility and obviousness as a marker for perceived racial differences. The quote shows how skin colour is the essential aspect of the older client and enacts her determined rejection of Ariel. The testimonies also reveal that the staff members know the widespread and repeated doings manifested in everyday racism. Consequently, racist behaviours further reinforce the subordinate status of the work. Nevertheless, those involved often are the only witnesses to this kind of racism [53], given that these incidents take place in private homes, and the personnel often work alone. Even if a colleague is present, the experience of racism tends to be isolated incidents. It is as if the practice must be endured and worked through alone in silence by those subjected to it. Ariel must continue to visit her clients who openly discriminate against her. It appears to be her responsibility to deal with the experiences of racism in the workplace. While the older clients take the liberty to display blatant racism, they are simultaneously in a subordinate position, requiring help and assistance to manage their daily lives. The older adults often find themselves dependent on support from the staff visiting them. Ariel continues:

> *After a while, I began arriving along with a dark-skinned guy, and strangely enough, she said to me: "Look at how black he is! Don't touch me!". She didn't have dementia (Ariel, a nursing assistant in-home care services). It's impossible to know how she thinks.*

These quotes illustrate the everyday racism of the care working situation. But also, how racist actions negatively affect the personnel. The older adults' conduct and values let black caregivers know they are unwanted. All in all, this is an alarming situation for the working environment in the eldercare services.

7. Discussion

7.1 The challenge of migration and antiracist social work

There are many problem areas to study when it comes to the organisation of eldercare. Relatively small changes have been made over several decades in terms of the content and nature of the work. Of course, more people have training now than before, but the staff's level of training, composition, enrolment and working conditions have not developed satisfactorily. Eldercare is a broad arena and can be about everything from the older adult's living conditions to development assistance assessment, relatives' care, housing, care and nursing efforts to personnel issues and how those who perform care work perceive their work situation [54]. Care is perceived as something women practice and as something women do naturally. These ideals (ideas) come into conflict with standards that, among other things, concern gender equality in paid work and professionalism. One way of understanding the conditions of eldercare work is to study the concepts by which eldercare is surrounded. Examples of such ideas are the notions of care, female dominance and paid work, and how those concepts are essential for emotions at work, professionalism and social hierarchies.

Eldercare workplaces also have a relatively high personnel turnover, especially in the metropolitan regions where there are often short-term jobs and temporary positions, which creates instability in the workplaces. The main reason for the shortage of labour is not only that the older adults are becoming more numerous but also that fewer people want to work there. Staff turnover is thus high and young people do not apply there. Smaller, private companies may also find it difficult to provide full-time employment and thus become dependent on short-term workers. Short-term employment with a low employment rate, often with a spread of working hours around the clock, creates insecurity and poor working conditions. Research on working conditions in eldercare is of great importance in understandings about the so-called crisis that the skills supply issue is described as right now. Previous research has shown inadequacies such as overtime, time pressure, unreasonable tasks such as local coordination, unnecessary tasks with IT hassle, lack of clarity in goals and tasks and high demands on social interaction [55, 56]. 27 per cent of eldercare workers have stated that they want to leave the profession within a three-year period. It shows that the younger you are, the more inclined you are to change profession. Unfortunately, many people consider work in eldercare as a transitional profession, something you do for a while and then moves on from. This is something that management needs to consider when it comes to affecting leadership and further improving the management of the eldercare. For the future, it is about creating attractive and inclusive workplaces.

The main ambition of this chapter has been to present an understanding of how aspects of migration become useful for leadership in eldercare. A primary drive is to shift the focus from ethnicity per se to the relational part of constructions of race. This is done by showing how the ethnic dimension often is in language use, the relations created by various discourses and their institutional conditions. These conditions also create spaces of power in working life, pockets of mastery and

subordination and the social hierarchies that go with them. This chapter mainly presents experiences, expressions of racism in eldercare services, and how personnel deal with racist situations. It also illustrates how black women deal with racism and vulnerability in the workplace by taking moral responsibility for the racist contexts that subordinate them. One nursing assistant has explained that she uses strategies such as exposing herself to degradation. Staff members also describe their encounters with people who humiliate them and continue working under challenging conditions. Their statements demonstrate aspects of the struggle in working life to maintain both the profession's status and value as a human being.

Health and care services reflect incidents that are part of working life for one person, while it is the private life for the other part. Encounters between caregiver and client involve power relationships, and their interactions are fundamental in work. Simultaneously, collegial relationships are also essential to ensure a pleasant working environment that promotes growth. The care workers cannot exclude the emotional aspects of relationships with their care recipients, and it is impossible to perform care duties without feelings. The workplace culture and morality regulate expressions of these emotions. In the moral practice of behaviour, individuals constitute themselves as moral subjects. Foucault [57] views individuals in terms of subjectivity. The individual is an effect of discourse, which is always social (and collective). This perspective on the issue guarantees a social subject, where subjectivity is neither stable nor uniform but somewhat contradictory and constantly changing. One's actions become a manner of conduct, an attitude toward other people, regulated through shared views and perceptions about prohibitions, values, ideals and what is and is not fun. The personnel have a primary moral responsibility in their relationships with their older clients. They endure their vulnerability by viewing it as their job and infantilising their older clients. Those aspects of the working conditions are extremely important to be recognised from a management perspective.

However, is it reasonable to place the responsibility of dealing with racism on those subjected to it? Racism involves activities that we shape together, our thoughts and actions. The experience of racialisation is something that occurs through interactions with others. Therefore, racism is not one specific performance but rather a result of social activities or doings of various types. We are all morally responsible for bridging unequal relationships at work. Racialisation processes and doings have many serious consequences. These consequences include subordination, inequality and various forms of domination, which promote exclusion and discrimination in working life. Such effects result in more unsatisfactory living conditions for certain groups of individuals. Therefore, racialisation affects activities at a meso, macro, and micro level, as indicated by several of the chapter's examples. These activities depend on racist conceptions for their existence, created at a macro level. Racism in eldercare services is a complex issue that reflects the dynamics of inequality in society. Thus, well-considered and feasible efforts are needed to create equality at work. We are in a social climate with an increasing focus on the importance of origin, when racist organisations are rising and hate crimes have reached an alarmingly high level. That is why racism has also become essential for understanding eldercare services' conditions and practices are creating more profound inequalities.

8. Conclusions

How can we avoid racism in the workplace? In one sense, it may be difficult to avoid since racialisation is an accumulation of societal climate and political

movements. Therefore, it is essential to understand these processes' social consequences and how racism has become part of the power relationships in society. Racism is a socio-cultural relationship that exists at both a symbolic and an interactive level. Care professionals make racism meaningful when they characterise or reinforce each other's ethnic identities based on historical descriptions, representations and everyday societal perceptions.

Therefore, care workers' experiences make us aware of their working conditions, and this knowledge is fundamental in facilitating change and creating equality in the workplace. In the article: *Do black lives matter in the workplace? Restorative justice is a means to reclaim humanity* [58]. Based on a North American context, the authors state that organisations need to build a different legal framework to act against racism in the workplace. They also suggest that organisations should consider finding ways to repair the damage caused by workplace racism to rebuild confidence among their employees. The recommendations to management and leaders are to:

- State that there is zero tolerance for racism in the workplace.
- Be vigilant about racism and pay attention to the jargon in the working group.
- Find ways to work with group development and the psychosocial work environment.
- Work with the large value issues and create attractive and inclusive workplaces.

Essed [46] argues in favour of reformulating racism and claiming that it is an everyday problem. In her analysis, everyday racism must be combat through culture and other structural relationships in the social system. The different mechanisms relate in complex ways, and Essed believes that fragmented policies cannot counteract these. We cannot address covert conditions unless the dominant workplace culture is receptive to change. Based on the existing framework for labour laws and regulations in Sweden, social service organisations must understand and call attention to racism through the care workers' experiences. With this knowledge in place, workplaces in eldercare services can actively determine work methods that promote an antiracist working life and equality in the workplace.

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Conflict of interest

The authors declare no conflict of interest.

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Chapter 5

Experiences of Socio-Environmental Organizations and Movements in the Framework of Environmental Justice in Curicó, Chile and Antioquia, Colombia: An Exploratory Study

Nélida Ramírez Naranjo

Abstract

This chapter presents the results of the exploratory qualitative research "Experiences of environmental justice of socio-environmental organizations and movements in Curicó-Chile and Antioquia-Colombia," carried out in 2020. The study allowed us to identify the purposes and foundations of social movements in the struggle for environmental justice in their territories. This gave us a glimpse of their link with social work intervention in general and specifically with leadership and organization for sustainability. The findings show that collective action is the articulating axis of socio-environmental organizations and movements, which constitutes a social force for the struggle against environmental inequality, defense of territory, and water.

Keywords: socio-environmental organizations and movements, sustainable leadership, environmental beliefs, social work and climate change, environmental justice

1. Introduction

This chapter seeks to present the practices and the knowledge of socio-environmental organizations have developed and acquired relating to environmental justice. This can be connected to social work in general and specifically to sustainable leadership and organizations in social work. In this chapter, the research methodology is presented first, followed by a brief contextualization that includes shows legislative and institutional advances in both Chile and Colombia that address sustainability, environmental justice, and socio-environmental problems. The findings are based on the thoughts and opinions of the leaders of socio-environmental organizations and movements, and they are organized into the following two categories: (i) the purposes of the socio-environmental organizations and movements, and (ii) the beliefs that support their action. Finally, there is a discussion and the conclusions are presented. The conclusions show that the organizations are a collective social force against environmental inequality and discover

that the information that emerges from the practices and knowledge of socio-environmental movements should be included in social work education considering its connections with sustainable leadership and organizations.

The attention to environmental social work began at the origin of the profession with Jane Addams and the Hull House [1–4]. In addition, it is important to consider the work of Mason *et al*. [5] and Krings *et al.* [6] because of their analyzes related to the history and scope of environmental social work scholarship. Importantly for this chapter, the Krings study found that no papers were published in social work English-language journals related to environmental topics in South America between 1991 and 2015.

In Germany, the Information sdienst Sozialarbeit [Social Work Information Service] [7], a socialist magazine that incorporated the views of various left and alternative movements, organized the first debate that explicitly highlighted the connection between ecology and social work. In addition, this gave rise to the idea of a paradigm shift toward an ecosocial approach in social policy and social work by transforming the social question into an ecosocial question ([8–10]; cited by [3]). In North America, the debate on whether to incorporate an ecosocial approach began later. In this tradition, academics, such as Soine [11], Berger and Kelly [12], Hoff and Pollack [13], and Hoff and McNutt [14], took the position that the critical application of the ecosocial approach highlights the importance of considering the natural environment and the finite nature of natural resources as fundamental pillars for social policy formulation [3].

Dewane [15] states that the first mention of the importance of the natural environment in the social work practice can be found in the 1995 *Social Work* article by Berger and Kalley entitled *Habitat Destruction Syndrome*. In 1996, Park discussed the role of social workers in the environmental movement in the *Social Work* article *The Person is Ecological: Environmentalism of Social Work* [15]. Besthorn and Saleebey (2003 cited by Dewane, [15]) assert that social work "has always had an ambivalent understanding of its relationship with the natural world" (p. 20). Since social workers know that context is a prime determinant of quality of life, the deteriorating natural world must become an integral part of the practice of social work.

Kemp [16] indicates that the focus on person and environment has been a defining element of social work's professional identity. The code of ethics of the International Federation of Social (2005) states that social work intervenes at the points where people interact with their environments. The code of ethics of the International Federation of Social Workers [17] states that social work intervenes at the points where people interact with their environment. In addition, McKinnon highlights, (2008) the codes of ethics for the social work profession in countries, such as India, Chile, and El Salvador, also make the links between environmentalism and social work practice clear. Since the earliest formal beginnings of the profession, social workers have understood that the place *where* people live profoundly influences *how* they live and it also has implications for equity, social justice, and health. Translating this understanding into practice, however, has proven to be difficult. Moreover, as Saleebey [18] has noted, "the person-environment perspective is part of the axiological structure of the profession." (p. 8) Since the profession's earliest formal beginnings, social workers have understood that the place where people live profoundly influences how they live and has profound implications for equity, social justice, and health.

In addition, international associations have created various working groups to develop, promote, and strengthen environmental justice. The European Association of Schools of Social Work (EASSW), for example, created a special interest group called Ecosocial Work in Social Work Education. Likewise, one of the four pillars

set out by the International Federation of Social Work in their Global Agenda for 2010–2020-namely, "working toward environmental and community sustainability"-specifically identifies environmental issues and has generated numerous conferences, congress workshops, symposiums, and events that expand and develop on this theme.

Social work academics should renew existing social work models and perspectives to take environmental problems into account, particularly their consequences on the most vulnerable people. This will improve the capacity of social workers to tackle environmental injustices by proposing collaborative solutions to address them. Due to the extent of the environmental crisis, it is important to act immediately. Leff (cited in Cantú [19–21]), makes explicit that it is indispensable "to begin through education as a total and integral process that allows for the development of every human being and the discovery of mechanisms to reexamine the behavior and social practices that threaten the ecological and cultural conditions of environmental sustainability" (p. 40). Translating this understanding into practice, however, has proven to be difficult.

Addressing this challenge must begin with comparative research to identify curricular experiences that incorporate an environmental justice perspective and have previously been successful. This will require activating processes of exchange and dialog among academic communities on the best ways to respond to this common challenge. Specifically, sharing experiences and relevant data will help academics to save considerable time, and thus, initiate the necessary adjustments and transformations in social worker training programs. Ideally, these processes of exchange and dialog should focus on two key topics: first, course content and pedagogical strategies and, second, routes to institutionalize an academic culture that promotes environmental justice in the curriculum.

The academic literature concerning environmental issues and education in social work reveals a small but significant flow of work seeking to link ecology and sustainability with the traditional social justice concerns of the profession. This type of literature, however, is only used peripherally in social worker training programs compared to literature that focuses on the main concerns of the profession.

2. Methodology

The methodological design for this exploratory study is qualitative, with an ethnographic approach. Given the context of the Covid-19 global pandemic, the technique used to carry out this research was semi-structured distance interviews using videotelephony software. In the case of Chile, four leaders (one woman and four men) were interviewed through the Microsoft Teams platform, and in the case of Colombia, the five leaders interviewed (two women and three men) were carried out through the Zoom platform. In relation to the ethical aspects, the Faculty of Social and Sciences Economic supports the research at Universidad Católica de Chile as it complies with the ethical standards of the university considering that, all the participants gave verbal consent to participate in the research.

The organizations that participated from Chile were as follows: (i) Movimiento por el Agua y el Territorio, its leader is an agricultural technician, (ii) the Consejo Ecológico Comunal de Molina, its leader is a high school professor, (iii) the Escuela Agrícola Palquibudi, its leader is a professor, and (iv) the Organización No Gubernamental Sur Maule its leader is a Social Worker. In Colombia, the participating organizations were: (i) Sembradoras de Territorios, Aguas y Autonomías, its leader is a farmer, (ii) Asociación Campesina Antioqueña, its leader is a farmer, (iii) Vigías

del río Dormilón, its leader is a fisherman, (iv) Asociación Campesina del Valle del río Cimitarra, its leader is an agricultural technician, and (v) Movimiento Ríos Vivos its leader is a farmer.

The analysis of the information was carried out through the qualitative data collected from the accounts of the leaders interviewed through relevant and accurate quotations. More specifically, the analysis technique used was the comparative method, which consists of developing coding, and analysis of the data in a systematic way, comparing categories, assumptions, and properties that emerge through the coding and analysis process. Thus, this technique is the constant comparison of similarities and differences that are identified in qualitative data, with the aim of discovering patterns that are repeated. Therefore, after the interview transcription process, the interviews were analyzed by means of coding, this implies that the information was divided into categories, which allows to identify the similarities and differences in the information, and thus, be able to develop a complete analysis [22].

3. Contextual background for Chile and Colombia

3.1 Progress toward sustainability in Chile

According to Bergamini *et al.* [23], the most important event in terms of environmental care in Chile occurred in 1994, when the General Bases of the Environment Law (No. 19,300) was passed, which established a broad framework for environmental protection in Chile. As Piña [24] suggests, and as its name indicates, the law defined the fundamental principles of environmental regulation. Its main objective was to begin the process of digitizing and consolidating environmental regulations in the country; at that time, the responsibility for this type of regulation was dispersed among various state agencies. In 2010, the law was reformed and the new law (No. 20.417) created the Ministry of the Environment [25, 26] (known by its Spanish acronym, MMA) together with the Environmental Assessment Service (SEA) and the Superintendency for the Environment (SMA).

The MMA is in charge of promoting sustainable development. The main objective of the ministry is to improve the quality of life of Chileans through the creation of new public and social policies that allow the efficient regulation of citizen practices, as well as promote environmental education in the country [27, 28].

With regard to environmental problems in Chile, there is evidence of a growing depletion of natural reserves and resources. It has therefore been necessary to adopt measures in this respect, as highlighted by Gentes [29, 30], "the increase in environmental conflicts, together with the growing iniquities and externalities of the neoliberal system with regard to resources and environment, led to the search for a broad consensus and the concertation of multiple interests and actors" (p. 3).

Because of this search for a consensus and concertation, major progress has been made on environmental issues. Moyano *et al.* [31, 32] note that important and highly political debates on the climate crisis have been induced, and these debates have given rise to the enactment of a series of laws that have given life to an institutional framework that promotes good practices and has been guiding Chile toward sustainable development.

Nevertheless, regarding Law No. 20.417, Piña [24] notes that in the 20 years since its formulation and implementation, the system has not undergone any major changes and, therefore, the law should be comprehensively revised. The objective should be a

root and branch strengthening of the framework, according to the new demands of society, so that it can achieve an institutionality that is validated by citizens and recognized by all sectors, and can adapt to the various scenarios produced by modernity.

A 2019 report from the MMA [28] states that the government's main environmental objectives for the 2018–2021 period were to improve the well-being and quality of people through sustainable development. And that this development is grounded in economic growth, care for the environment, and social equity. To this end, citizens must have access to more information on environmental issues in Chile and the planet, and actions and plans should be based on scientific knowledge [28]. The government's plan focused on five areas: environmental institutions, air quality, biodiversity, the circular economy and waste management, and climate change.

The perceptions of Chile's population relating to environmental issues were revealed in the First National Survey on the Environment, carried out in 2014. The study shows that, of the 5000 people surveyed, 86% believed that climate change is the result of human activity and that its consequences will affect their daily lives [27]. Moreover, 33% of those interviewed, the highest proportion, believed that the main environmental problem is air pollution, 21% pointed to rubbish and dirt in the streets, and 11% selected noise pollution [27].

It should be noted that environmental issues in Chile are beginning to gain momentum and are gradually becoming a national concern, which is "allowing historical environmental problems to be identified and recognized" [33, 34]. As a result, numerous regulations have emerged that, according to the ESA, aim at environmental protection, preserving nature, and conserving the environmental heritage. These regulations imposed a requirement that stipulated compliance must be accredited by the project owner at the time of assessment.

In October 2020, the Chilean people voted for the drafting of a new Political Constitution of the Republic through a national plebiscite; an unprecedented occurrence in the country's history. The following year, in May 2021, 155 members were elected to the Constitutional Convention, the body that will propose a new text for the country's political constitution within a maximum period of 12 months. The selection included equal representation for men and women (78 men and 77 women) and 17 representatives from Chile's indigenous peoples. The Constitutional Convention is ongoing and the new constitution will be submitted for ratification by a plebiscite. The content of the constitution is guided by seven "thematic commissions," one of which is focused on the environment, the rights of nature, common natural resources, and the economic model. Thus, there is a good chance that the new constitution will enshrine environmental protection as a constitutional principle.

The progress and challenges faced in the Colombian context in relation to the protection of the environment, ecosystems, and habitability in balance with nature are presented below.

3.2 Context on the regulatory framework that governs environmental issues in Colombia

The Political Constitution of Colombia of 1991 has been called the "green constitution" or "ecological constitution." According to Melo [35], the constitution is in line with the main international concerns on environmental protection and biodiversity. Moreover, it recognizes that the fundamental right to a healthy environment is of paramount interest and extensively develops this notion.

Accordingly, the charter in "its principles, mandates, and obligations are aimed at (i) protecting the environment in an integrated manner and (ii) ensuring a model of sustainable development." (Melo, 2018, p. 289) In 1993, 2 years after the constitution was enacted, law 99 was passed by the Colombian government in which sustainable development was defined as follows:

> *That which leads to economic growth, a better quality of life, and social well-being, without depleting the renewable natural resource base on which it is sustained, and without damaging the environment or the right of future generations to use it according to their own needs (Law 99, 1993, n.p).*

Given this definition, it could be said that Colombia's constitution deems environmental protection as a right and a necessary condition for the survival of communities and territories. Law 99 of 1993 [36] also created the National Environmental System (SINA), which enables the implementation of the general environmental principles set out in the Political Constitution of Colombia of 1991 and Law 99 of 1993 [36] itself. The SINA is made up of the Ministry of Environment and Sustainable Development, the National Environmental Licensing Authority (ANLA), 26 regional autonomous corporations, seven sustainable development corporations, six urban environmental authorities, territorial entities, research Institutes, the National System of Science, Technology and Innovation, and the special administrative unit of the Natural National Parks System, which are all bodies dependent on the Ministry.

3.3 Biodiversity and selected information on environmental problems in Colombia

According to Sánchez [37, 38], Colombia's biodiversity represents "10% of the world's flora and fauna, 20% of the planet's bird species, 1/3 of the primate species of tropical America, more than 56,000 registered species of phanerogams plants and nearly a thousand permanent rivers" (p. 83).

The National University of Colombia (cited by [39]), indicates that the country has "unlimited water in terms of availability for all Colombians, as [it has] an annual average rainfall that is well above the world average, there are approximately 720,000 river basins and around 10 rivers with permanent flows" [39]. Indeed, a 2015 report by the Global Water Partnership recognized Colombia as the country with the third largest freshwater reserves in the world.

In the same year, however, the United Nations ranked the country 24th in the world in terms of its water quality and availability, and according to 2014, National Water Study carried out by Colombia's Ministry for Environment, the country's water resources are in a critical state.

Given this context, the outlook seems less than encouraging, and this situation has been compounded by the environmental licenses granted for the construction of medium- and mega-sized hydroelectric power plants, which have affected the surrounding ecosystems and, therefore, the local communities, in terms of disease, poverty, and displacement.

Additionally, there is a public debate in Colombia about hydraulic fracturing. Commonly called fracking, an unconventional drilling method to extract natural gas and oil that produces harmful environmental and social impacts. The insistence on unconventional extraction of hydrocarbons by large multinational oil companies is generally accompanied by promises of "local development," but the exact opposite

usually occurs. One example of this is "the Magdalena Medio region, where the fracking studies or pilot projects are set to be carried out, has ended up being established as a sacrifice zone" [40].

Sacrifice zones are the contradictions generated under the pretense of development. Too often, the revenues and profits of project owners are protected while surrounding communities are unprotected against public health issues, poverty, and armed conflict.

Another issue related to the extraction of hydrocarbons is the integrity failures that lead to the loss of the ecosystem. The case that best illustrates the implications of integrity failure, and the one most frequently referred to in Colombia, occurred in March 2018 in La Fortuna, a rural area of Barrancabermeja, at the Lizama 158 well. Over 29 days, more than 550 barrels of oil, water, mud, and gas leaked into the surrounding area affecting the 49 bodies of water that flow into the Magdalena river, including the La Lizama creek and the Sogamoso river, and damaging ecosystems, animal life and the surrounding communities [40].

In the face of this discouraging outlook relating to fracking in Colombia, resistance to the extractive industries that operate under the pretext of development has produced a united citizenry and anti-fracking activism [that] has managed to mobilize the population by creating, alongside the social force opposing the extractive model, a compelling discourse in defense of water, territory, and health, that challenges the country to think of other ways of life more in harmony with nature [41].

Although a review of the legal background shows that the Colombian state has an explicit interest in sustainability and the protection of ecosystems, environmental conflicts have emerged that reveal the disconnection and negligence of the current regulations with the reality and needs of the territories and the people who live there.

4. Findings

In this section, the thoughts and opinions of the leaders who represent the nine socio-environmental organizations and movements that participated in the research will be presented. These results can be considered as a contribution to the involvement that social work should make in the development of perspectives on leadership and organization. From the accounts of these leaders, it is possible to identify key categories that reveal their experiences. The categories are the (i) purposes of the socio-environmental organizations and movements, and (ii) the beliefs that support their action.

4.1 Category 1: the purposes of the environmental organizations and movements

4.1.1 Resistance in defense of water and territory: an opportunity to regain hope

Through the accounts made by the nine leaders, it is possible to identify some coincidences in the purposes of the Colombian and Chilean socio-environmental movements and organizations. Mention is made of the values assumed by such organizations, their network structure, and the complex epistemic communities that make them up [42]; in which very diverse fields of knowledge and action intervene. These organizations have assumed an effective mode of operation through different strategies public policy advocacy, "grassroots" work in communities (rural, urban, semi-urban, and indigenous), education programs, and activism. They show

diversification of mechanisms to achieve change, despite the uncertain present and future outlook.

Socio-environmental movements and organizations arise in spite of the evident risk and the impacts generated by human action in their territory. The defense of water and territory is articulated despite corporate extractivist projects that do not consider environmental effects. Organizations emerge spontaneously around common purposes; their demonstrations seek to raise awareness and generate urgent and necessary changes. In terms of the environmental problem in Chile, there is evidence of a growing depletion of natural reserves and resources, which has necessitated the adoption of certain measures. In addition, in Chile, some organizations consider that education and the promotion of knowledge help awareness-raising and provide a basis for action.

The testimony of the Chilean leaders is presented first followed by the views of the leaders in Colombia. For the socio-environmental organizations and movements in Chile, the purposes of each organization can be observed through the following statements.

The representative of the Movimiento por el Agua y el Territorio stated:

"The Movimiento por el Agua y el Territorio is a movement aimed to at defending water in the territory. Its origin in a movement called Aguante la Vida (Hold on to Life), which emerged in the period after the 2010 earthquake period…the purpose of the movement was born out of a desire to provide a voice for all the movements and people, getting them together to defend the territory and the water".

In the same consciousness, the interviewee for the Consejo Ecológico Comunal de Molina gave the following account:

"The Consejo Ecológico de Molina began informally in 1988 and was recognized as formal organization in 1991. Its main concern with the issues of global warming, landfills, and the protection of the Parque Inglés…so that it became a protected area and then a national park thanks to our work and the work of other people, and some authorities. The Consejo Ecológico is an ecological community organization made up of private individuals…it has no political party affiliation and its objectives include environmental protection, education, and the reporting of environmental misconduct."

The participant for the Escuela Agrícola Palquibudi explained that "The purpose of the Escuela Agrícola Palquibudi is to offer a diploma in rural development. First of all, the school is free, it is a quality institution and it is a non-profit institution: those are our three characteristics. And we also consider ourselves to be autonomous and independent…we do not receive money from the state or from companies."

The leader of the Organización No Gubernamental Sur Maule recounted that: "We are focusing on the areas of territory and sustainable communities; over the years, we have also been developing other initiatives that have to do with urban sustainability and waste management. Additionally, we have been working in the area of ecological agriculture in the city, so urban agriculture and the urban garden as an experience, which is something we have developed in the Independencia neighborhood of Talca. In general, we are trying to develop an approach that allows us to definitively propose an alternative vision of sustainability, based on the idea that sustainability is generated from the surrounding area rather than simply adopting an idea of sustainable development, which is something else from our point of view."

Through the opinions of the Colombian leaders, it is possible to identify the characteristics of the organizations, their struggles, and challenges. The Colombian organizations interviewed emerged to the defense of the local natural environment and a "resistance to water pollution and non-metallic mining with intensive exploitation," (Vigías del Río Dormilón) as a result of the construction of small hydroelectric

plants in eastern Antioquia and the Ituango Dam hydroelectric mega-project. The geological instability, soil erosion, and floods produced by the project necessitated the evacuation of the population to temporary shelters, which in turn caused the loss of domestic animals that could not be accommodated in the new location. All of the above generated social tension and conflict between the community and the departmental government. "This encouraged 15 grassroots organizations, made up of women, [members of the environmental education initiative] young defenders of water, *barequeros* and *barequeras*, muleteers, fishermen, and farmers located in the western Antioquia, Northern Antioquia, and Lower Cauca, who were adversely affected [by the Ituango Dam project] to unite and form the Movimientos Ríos Vivos." (Movimiento Ríos Vivos).

Additionally, contrary to being a hope for the commercialization of agricultural products at fair prices and making a contribution to a more dignified life for the local inhabitants, "the companies that develop these types of projects constitute a threat to the peasant farming communities." (Asociación Campesina del Valle del Río Cimitarra).

In those circumstances, organizations began to form through demonstrations and marches. The Movimiento Ríos Vivos held their first demonstrations in Valle Toledo, then walked from Ituango to Medellin and remained congregated at the University of Antioquia for 6 months to demand that the departmental government listen to them and stop the construction of the Ituango Dam. Similarly, the Vigías del Río Dormilón (which translates as Watchmen of the Dormilón River) was formed through "spontaneous reflections and meetings about the impacts of the construction of hydroelectric projects on the population." (Vigías del Río Dormilón).

There is also the Asociación Campesina Antioqueña (ACA) that, following the peasant coffee strike, saw "the need for the community to organize and work collectively for the fight for rights. [the people] Work under the principles of a peasant economy, they realized that if they do not unite as a community they do not get anywhere." (Asociación Campesina Antioqueña).

Knowing the aims of the organizations allow us to clarify and propose an intervention that is relevant to their reality and that contributes to overcoming the challenges they face. Furthermore, against a patterning of action that tended to verticalization and centralization in bureaucratic institutions, emphasis is given on decentralization, self-organization in non-hierarchical groupings, and the creation of horizontal alliances of potentially global reach among local groups who further similar interests: they have a "local" dimensión. Instead of asking for change, they produce the change itself in the form of alternative ways of socio-ecological organization, establishing novel material and cultural-symbolic patterns. The experiences presented in cases discussed in this chapter are alternative organizations that while contesting around capitalism, experiment with alternative ways of organizing [43].

In relation to leadership, environmental leadership is the only way to defend their territory. Because, in most cases, the proposals aim to be structured processes based on local characteristics, in order to improve the conditions or quality of life, and to transform the environment through the transformation of the customs of social groups. In addition, to strengthen the popular organizations that have been concerned with the relationship between ways of life and social-environmental situations.

4.2 Category 2: beliefs in action

The selected socio-environmental organizations and movements have the purpose of promoting citizen participation in issues of real importance, in this case, environmental

justice. They also aim to educate and at the same time nurture the knowledge of the social actors belonging to the organizations or movements, generating support in the community, with the objective of improving the quality of life of the participants and the community in general. They respect nature and advocate for the noninvasion of nature, they propose a harmonious approach to environmental changes, and at the same time, a harmonious relationship between the environment and the lives of the people who inhabit an area. One key characteristic of these environmental organizations and movements is that they have strong value orientations and opposition to the environmentally invasive capitalist production model [44, 45].

From the interviews with representatives of the Chilean movements and organizations, the following beliefs emerge, starting with the representative from the Movimiento por el Agua y el Territorio, who said that their discourse is informed by "people who have written about political ecology...who has written a lot about social movements and social environmental movements."

The participant from the Consejo Ecológico Comunal de Molina recounted that.

"we think that we have a political ecology because we are working to make this way of life a form of collective creation, of deep ecology as well, from valuing from the smallest being, always being concerned about all lives. In general, we think a lot about forms of life and organization of the indigenous people."

The account from the Escuela Agrícola Palquibudi regarding beliefs was as follows:

"First popular education [education of the people] from Paulo Freire [the educator and philosopher], and the other theme comes from the fact that we are Buddhists... this is, we use an educational proposal from Makiguchi, the Japanese educator who created [and was first president of Sōka Kyōiku Gakkai, the predecessor of] Soka Gakkai International, and that is where the concept of 'Soka education' [value-creative education] comes from... So, we put these things together to be able to do things, and another informing principle is that all the founders are the daughters of farmers, so they are people who have a deep understanding of the problems of farmers."

The leader of Organización No Gubernamental Sur Maule related that "The first big thing is that we start from the problematization the notion of development itself... To a certain extent, we conclude that the notion of development, historically speaking, ultimately constitutes the great colonizing project imposed upon Latin America and our people and our societies...From that problematization and to return to the idea of sustainable development, in terms of training, my education focused on the areas of political and sustainable ecology."

Through the opinions of the Colombian leaders, it is possible to identify their beliefs, struggles, and challenges. One of the fundamental pillars of the Asociación Campesina Antioqueña is to retake the farmland and begin clean production using nonchemicals, natural fertilizers, and manures in the tradition of their ancestors because they recognize the environmental damage that chemicals cause to the land, water, and air. In addition, they seek to generate proposals for food sovereignty using insights from agroecology.

The Asociación Campesina Antioqueña also considers that the clean cultivation of crops is a key contribution to mitigate climate change and that to stop using chemicals and plastics contribute to the decontamination of the land. For this reason, they are working with the community to raise awareness through concrete actions focused on caring for water sources and cleaning up streams. Moreover, they are coordinating with other movements and organizations to defend water, which they value not as a resource but as a common good of humanity.

There is no doubt that this resistance is undertaken in order to live a dignified life in the territory they inhabit. In other words, the territory transcends the physical and is shaped by the social fabric that constitutes ways of living, fighting, connecting with others, working for daily sustenance, recreation, building history, and of relating to nature.

They defend their dignity as peasant farmers. They fight and demand from the State the protection and right to life of the community who defend their territory "and who lives are being killed simply for making demands, telling the truth, and defending their land." (Asociación Campesina del Valle del Río Cimitarra).

Thus, when the inhabitants around the Cauca river cannot fish because the water levels are so low that the fish die, the community also withers because it has built significant links around the water insofar as the water and the artisanal forms of fishing give them life and are their livelihood.

The participant representing Movimiento Ríos Vivos related that the Ituango Dam Hydroelectric project "has left us without work, without means of subsistence, it has destroyed more than 4700 hectares of tropical dry forest, which is what we had in this canyon, so we continue to resist."

In general terms, the organizations from Colombia expressed their discourse and beliefs related to autonomy, social and community participation, and environmental justice. They seek to harmonize the territory, humans, and nature, in order to survive on the planet as a species "because we are going through a civilizational and climate crisis, so this [harmonization] may happen, but human civilization is at high risk." (Sembradoras de Territorios, Aguas y Autonomías).

From these accounts, it is possible to identify that, in the case of Colombia, the values that underpin the actions of the organizations and movements in this study are related to hope, dignity, and collaboration. Their leaders do not necessarily refer to defined theoretical currents and authors. In the case of Chile, the organizational leaders reveal that the beliefs that underpin their actions are related to some authors and philosophical, educational, and organizational currents, such as popular education, environmental movements, political ecology, and elements of sustainable development.

5. Discussion and conclusions

Understanding the practices and assimilating the knowledge of social movements and organizations that operate within the framework of environmental justice in the Department of Antioquia, Colombia and Curicó, Chile allows the following two categories to come into focus: (i) the purposes of the socio-environmental organizations and movements, and (ii) the beliefs that support their actions.

In each category, the testimonies show that the demands of these movements are mainly connected to the defense of water and territory, the territory where they live but that they also inhabit. They are movements of hope. These movements and organizations have a commitment that is created and recreated in the search for their autonomy and by learning to live differently. They aspire to generate their energy and daily sustenance from their immediate reality. They share a resistance to the consequences of "development" and to the businesses that operate or want to operate invasive and environmentally damaging projects in their territories. Here, the defense of water and territory is one of social and environmental justice and protection of the ecosystem, which means "staying in the territory, but with a dignified life."

The socio-environmental organizations and movements have the characteristic of synthesizing, more than others, the values and demands that circulate in the concerns of social movements. Far from being total movements, and perhaps far from fully assuming cultural creativity, they encompass a diverse and vast horizon, and within them, there are those who do grassroots work in communities, in favor of a better relationship between women and men, between human beings, and with the environment. Sometimes with little or no resources, they manage to transform the life situation of more and more people. Without taking the limelight, sometimes anonymously, and by assuming values and practices in daily life, at a personal level, they manage, with optimism, to make transformations.

In Chile and Colombia, these organizations linked to socio-cultural movements respond to a particular historical, social, cultural, political, and economic reality. Likewise, work in this region focuses to a large extent on the themes of democracy, citizenship, the fight against poverty, human rights, and community development.

The new culture, a product of the emerging cultural shift, implies moving from goods to services, moving away from a quality of life based on material resources, shifting our patterns toward personal development and community services, and reducing energy consumption. For many, this means returning to a sacred conception of nature, the planet, and life, always linked to models of cooperative action to halt and reverse environmental destruction. The community of life implies assuming that one is part of something bigger. And that taking care of nature is taking care of oneself. This awareness goes hand in hand with building democratic, just, participatory, sustainable, and peaceful societies.

It is of utmost importance to investigate various manifestations of the emerging cultural change in both countries, in order to understand how the new paradigm is expressed, how people with creative values configure and see themselves, and what potential for transformation grassroots organizations have. Given the characteristics and the historical moment, our countries are going through in order to get environmental justice.

The reflections on the experiences of socio-environmental organizations and movements from social work open up new research and perspectives on environmental intervention and action in the communities is therefore considered relevant to delve deeper into the subject and to construct pertinent proposals that are coherent with their realities. Having some approximations to the experience's socio-environmental organizations and movements in Chile and Colombia, is possible to understand important aspects to consider and incorporate into social work education and intervention.

Environmental leadership is assumed as a relational process, in which the subjects exchange knowledge, experiences, customs, ways of feeling and perceiving, and values, among others, in horizontal ways of feeling and perceiving, values, among others, in a horizontal manner (distributing burdens, powers, knowledge, and others in other roles), in order to reflect on environmental situations, to transform these same ways of relating between subjects and other environmental elements that are seen as situations environmental elements, and that are seen as priority situations in historical moments of the community. This means that environmental leadership fosters citizen participation in the recognition of environmental situations in the environment and intentional and well-founded action to transform their realities.

Taking into account the above, the construction of the environmental leader's profile is a complex process, with multiple aspects, types of knowledge (by its nature), methodologies and knowledge (due to its nature), methodologies, perspectives,

and conditions, among others. Only one way of contributing to learning or one way of teaching. Based on the results of the research reviewed the priority is training in reflection, exchange of experiences, organization reflection, exchange of experiences, organization, administration, coordination, dynamism, capacity for promotion, innovation, planning, execution, and transformation of environmental situations in specific contexts in specific contexts; broadening and complexifying the profile of the environmental leader.

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Chapter 6

Social Workers in Iceland in the Pandemic: Job Satisfaction, Stress, and Burnout

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Abstract

The purpose of this study was to find out how the position is regarding various factors related to social workers in Iceland following the pandemic. A questionnaire was send to all social workers registered in the social worker association in Iceland. The response rate was 46%. The results showed that most of them worked in the social services or 60%, and most of them used empowerment and solution-focused approach as their theoretical approach. Most of the social workers were satisfied with the management, social environment, content of their work, work condition, and salaries. Nearly 90% of the social workers thought that the stress was high, and nearly 80% of them were experiencing one or more stress symptoms or six on the average. The most common stress symptoms were lack of energy, worries, and sleep difficulties. Child protection workers were experiencing the highest number of stress symptoms. One fifth of social workers had experienced burnout in the past. The higher the employment ratio, the more likely a social worker was to have experienced burnout. Nearly a third of the participants thought that they would change jobs in the near future.

Keywords: social work, theories, interventions, stress, burnout, supervision, pandemic, job satisfaction

1. Introduction

The purpose of this study was to find out the position of social workers in Iceland regarding various factors following both the economic collapse about a decade ago and the pandemic, which is still ongoing when this is written. Social work is a stressful job, and these two major episodes are likely to have influenced and increased stress among the inhabitants as well as those who serve them, including social workers. Work-related stress can have devastating effects on physical and mental health, as well as on the performance of the employees [1]. Stress can be defined as triggers that can lead to psychological disorders, such as anxiety disorder, if coping skills are not used to deal with such triggers [2]. Stress can be caused by the following work-related factors: (1) work load [3–7] (such as the number of cases, the complexity of each case, and paperwork) [8], administration [5] such as limited management support [4, 8],

lack of clear information about how to carry out the job [9], lack of understanding of the role as social workers, lack of reflective supervision [4], insensitive remarks [10] or blaming [4] low support from coworkers [8] (possibly because they are under a lot of stress), and (4) difficult working conditions, such as hotdesking [8], difficulties getting a parking space or having to share an office with others. Stress can also be caused by factors in personal life, such as personal trauma or difficulties in relationships with significant others [11]. One study showed that [12] family stress if associated with social stress predicted emotional exhaustion, as well as economic stress.

If the stress gets overwhelming, it can lead to physical symptoms, such as sleep deprivation, fatigue, exhaustion, negative emotions, and memory difficulties [3], absence from work [4], and even burnout [9]. Pessimism that involves negative expectations, denial, emotional distress, and disengagement can be individual characteristics in the face of stress [13]. Increased stress can lead to burnout. Burnout can be defined as a syndrome involving emotional depletion, which reduces the sense of accomplishment [14]. Symptoms of burnout include but may not be limited to anxiety, depression, sleep disturbances, memory impairment, back and neck pain [15]. Engendered work-related stress [16] and burnout [17] are strong predictors of turnover intensions and low job satisfaction [18, 19]. Work-related ethical stress diminishes job satisfaction as well [4, 16], increases the likelihood of burnout [10], and increases the likelihood of leaving the job [16]. In addition, improper words or actions by leaders reduce trust and are likely to lead to the intention to leave the job [17]. A finding by Jia and Fu [20] showed on the other hand that support at work promoted job satisfaction and eased burnout, when social workers are faced with conflict with work and family responsibilities.

Social workers experience a lot of stress on their jobs, since their jobs are demanding [10, 21, 22]. Without sufficient resources, they tend to manage difficult situations [10, 12, 23, 24], usually receiving low salaries [12, 23]. This is especially the case in the area of child protection and in psychiatric care [24]. A case load that is not too big, supervision, and autonomy are among factors that are likely to support coping strategies and increase job satisfaction. Other variables predict less stress symptoms, such as a good supervision relationship and low personal anxiety. Supervision has been found to be an inverse predictor of stress-related symptoms [25], as well as supportive administration [26] and the practice of mediation [26, 27]. In addition, empowerment tends to reduce the level of burnout [28].

Studies regarding the protective influence of good salaries have been inconclusive. A study conducted by Alsabti [12] did not show a relation between salaries and burnout. However, studies by Quinn et al. [25] and O'Donnell [16] did show that higher income predicted less stress symptoms. Furthermore, it seems clear that the profession might lose good professionals since the salaries tend to be lower than in most other professions and those who work in the profession might not be putting enough effort into it because of low salaries [29].

The COVID-19 pandemic influenced how social workers were able to do their job. Social work as a profession was already facing a lot of stress before the pandemic, which seemed to have increased in the pandemic with more difficult problems their clients were experiencing [30]. Studies have shown a greater need for emotional support for social workers during the pandemic because of a much higher ratio of burnout and posttraumatic stress disorder compared with time before the pandemic [31], as well as higher ratio of anxiety [32]. Organizational support has been shown to be important in reducing work-related stress symptoms [33]. However, another study showed that social workers rated their well-being and quality of working

better during the pandemic than before the pandemic, since they received more work support during the pandemic [34]. Because of social distancing requirements, social workers have come up with innovative ways of supporting their clients without being able to meet them face to face, such as through the internet and phone [12, 35]. But the situation of the pandemic has also put them in the position of working more at home, along with taking care of other family members, such as their children or older adults, which might increase stress [32].

The purpose of this study was to gain an understanding about various different things regarding social workers in Iceland. First, they were asked about what type of job they were doing and in what field, the theories they base their work, and their experience of the availability of interventions for their clients. Second, they were asked about job satisfaction regarding the content of the work itself, management, social environment, work conditions, and salaries. Third, the social workers were asked about stress and burnout symptoms. Fourth, they were asked if they had received supervision and from whom and how likely they are to find another job in the near future. Fifth, how much they had worked at home before the pandemic and while the pandemic was ongoing and how much they would prefer to work at home following the pandemic. Few background variables were collected as well, such as age, gender, marital status, number of children in the household, type of housing, and employment age. In addition to describing the sample according to the above characteristics, the following research questions were asked: (1) What are the characteristics of the typical social worker? (2) How much job satisfaction do social workers experience? (3) What type of stress symptoms do the social workers experience? (4) How many social workers have experienced a burnout and how many have the intention to leave their job? (5) Has the number of days working at home increased during the epidemic, and do social workers want to work partly at home following the epidemic?

In addition, the following hypotheses were suggested: (1) the salaries are better in the capital city area than in the country side, (2) older social workers are more likely to experience burnout than younger social workers, (3) the higher the work ratio, the more likely the social workers are to have experienced burnout, (4) social workers that work in child protection are more likely to have more stress symptoms and to have experienced burnout, (5) social workers who have attended supervision during the last year have fewer stress symptoms than social workers who have not attended supervision during the last year, (6) the more stress symptoms the social workers have, the more likely they are to intend to find another job, (7) more male social workers are working as directors than female social workers, (8) social workers working in the capital city area experience more stress symptoms than social workers working in rural areas. Finally, (9) the following factors were believed to increase stress symptoms; single, with children, renting apartment, working in child protection, low salaries, low employment age, working in the area of child protection, and low job satisfaction regarding working condition, social environment, and administration.

2. Method

This study was based on a quantitative research method since such a method can allow the researcher to generalize the results to the wider population, in this case social workers in Iceland [36]. A questionnaire with various questions regarding their background and their work environment was used.

2.1 Participants

There were 277 social workers that answered the questionnaire. The questionnaire was send to all registered social workers in the social workers' association in Iceland. The invitation to participate in this study was send by an e-mail to 596 registered social workers. However, only 555 of them were registered as working at that time. Thus, the ratio of respondents was 49.9% if those who were registered as working are seen as the population. However, it might be possible that some social workers who were not working have responded. If social workers who were not working are included as well, the response rate was 46.5%. Most of the registered social workers in the social workers' association were women, only 30 men were registered at the end of the year of 2021.

The participants were in the age range of 26–78 years old. Most participants were women, there were 264 women (95.3%) who participated in this study, 11 men (4%) and two individuals that defined their gender as other (0.7%) as can be seen in the **Table 1** below. Few individuals did not list their gender. The average age of the participants was 44.7, for the women it was 44.5, and the average age of the men was 48.5. Most of the participants were married (57%) or cohabiting (19.5%), and few had two-home relationships (1.4%). Few were divorced (7.6%), were single (9.4%), or had lost their partner (2.2%). Nearly all participants owned their home or 89.2%. Few were renting an apartment (7.6%) on the open market, and fewer were renting from a non-profit organization or 2.2%. One to five children at various ages were living in each household. The average number of children (no age limit) living in each household was 2.6. Thus, the typical social worker was a woman in the age range of 31–40 years, was married, had two children, and lived in her own apartment or house.

2.2 Measures

The questionnaire used in this study included questions that had been developed by the author of this study. The questions included few main topics; (1) practical questions regarding their job, such as area of expertise, employment ratio, salaries, and job satisfaction; (2) questions regarding their clients and their work with their clients, such as reasons for interventions and what theories/ideology they based their work on. Also, if they thought that relevant interventions were available for their clients, (3) questions regarding stress and burnout symptoms as well as if they had received

Age	Women	Men	Other
26–30	18	0	0
31–40	93	3	0
41–50	81	3	0
51–60	48	2	1
61–70	18	3	0
71 or older	3	0	0
Information about age not disclosed	4	0	1
Total	264	11	2

Table 1.
Age and gender of the social workers in Iceland.

supervision and (4) questions regarding COVID-19 and work at home. Finally, there were questions about background variables at the end of the questionnaire, including questions about their age, gender, marital status, number of children, and housing.

2.3 Procedure

The participants were contacted through the social workers' association in Iceland, which had a total of 596 registered social workers when the study was conducted, thereof 555 registered as working (43 were not working). The purpose was to get responses from all social workers in Iceland, since it is likely that most social workers in the country are registered in the social workers' association. Thus, the questionnaire was send to as close to the whole population of social workers as is possible, not only to a sample [36]. All social workers registered at the social workers' association received an e-mail inviting them to participate, with a short and concise text describing the purpose of the study. If they choose to participate, they clicked on a link to a website, where they could access the study in Survey Monkey. The first e-mail invitation was sent in the beginning of February 2022 and followed by two reminders later in that same month. It took the participants on the average 7 minutes to fill out the questionnaire.

2.4 Data processing and ethical considerations

The data were processed using excel and SPSS. No questions were included in the questionnaire that could be traced to individual social workers. However, since Iceland is a small country, with relatively few number of social workers, it might had been possible to trace information to particular social workers, by looking at more than one variables, which might have influenced the participant ratio in this study. However, in the introduction text, social workers were assured that the data would be analyzed in such a way that they would be protected from being known in the results. Thus, the data were analyzed in such a way that it was not possible to trace the data to certain individuals.

3. Results

As noted in the method chapter, the majority of the participants, 95% were women, the mean age was 44.7 years. Most participants were married or cohabiting (76.5%), most were living in their own home (89%), and the average number of children living in the household was 2.6.

The participants had worked as social workers from few months for up to 50 years. On the average their work experience was 13 years. The majority of the participants, 76% worked in the capital city area. A small number of participants worked in the Nordic part of the country (7%), in the south part of the country (6%), and in the area near the international airport (Suðurnes) (5%). Even fewer worked in other parts of the country, 3% in the western part, 1% in the Westfjords, 0.7% in the Eastern part of the country, and 0.3% in the Eastfjords. Eight participants noted "other" as work area. Most social workers, 69% were working in a 100% position. However, 14% were working 49–99% and 14% were working from 101 to 130%. Few were not working at the time they participated in this study. The average salaries that most social workers were receiving for a 100% position was 701–800 thousands Icelandic krona or between 5.016 and 5.724 euro, 26% of social workers were receiving those salaries

before taxes. Interestingly, six social workers (2%) were receiving under 500.000 ISK or under 3.577 euro for 100% position, and 8.3% were receiving more than 1.000.000 ISK or over 7.155 euors. There was not a significant difference between salaries among social workers in the capital city area on the one hand and in other parts of the country on the other hand ($t = 0.690$, $df = 245$, $p = 0.5$) when a middle point was used to mark each category.

The social workers worked in various settings. However, not surprisingly, over half of them, 60% were working in the social services, and most of the social workers that were working in social services were working in the area of child protection as can be seen in **Table 2**. Most of the social workers worked as a social worker/case worker/program manager (66%). Few worked in counseling/therapy (14%) or as directors (12%). Very few were teaching and/or doing research 1%. More men worked as directors (27%) than women (12%). However, the difference was not significant, Chi-square = 2.351 ($df = 1$, $p = 0.142$).

The participants were asked on what theory or ideology they based their work. They could mark as many as they liked. Most social workers were using empowerment in their work with their clients, 79%, followed by the solution focused perspective (66%). The theories that several social workers were using were narrative therapy (27%), the life cycle perspective (27%), cognitive behavioral perspective (28%), behaviorism (26%), and humanism (25%). Other theories that the social workers were using in their work with their clients can be seen in **Table 3**. The participants were able to select "other" and mention theories. Examples of other theories mentioned by participants were attachment (2%), harm reduction (1%), and independent life empowerment perspective with people with disabilities (1%). Other theories/ideology/models were mentioned by one or two participants under "other."

The participants were asked about the main reasons for interventions with their clients. Most of the social workers, 70% mentioned "various kinds of social problems," followed by psychiatric problems (65%) and alcohol or drug abuse problem (53%). A considerable number of social workers mentioned financial problems (44%), child abuse, neglect or risk behavior of children (42%), physical health problems (40%), and specific problems related to children, such as ADHD, autism spectrum, or behavior problems (40%). Fewer mentioned disability (27%) and older adults (15%). Seventeen percent marked "other" and 5% marked "does not apply." There were few reasons mentioned by four or five participants each under "other." Those were trauma, lack of housing, parental- and family problems, communication problems, and abuse. Other reasons were mentioned by one or two participants and included cultural difference and problems regarding custody or visitations with parents following a divorce or separation. The participants were asked about how they perceived the availability of interventions for their clients. The largest part of the social workers or third of them thought that the relevant interventions existed, but that they could be better, they were difficult to receive or that their clients had to wait for too long for those interventions (33%). A similar proportion thought that the relevant intervention did exist, but that it was difficult to receive or that there was too long wait for the clients (20%) on the one hand, and on the other hand, 18% thought that relevant interventions were lacking for their clients. In addition, 15% though that relevant interventions did exist, but they could be improved (**Table 4**).

As can be seen in **Figure 1**, most of the social workers were rather satisfied with the management at their workplace or a total of 45%. Only 15% were very dissatisfied with the management.

Work settings	N	Ratio
Social services • child protection	64	23.1%
Social services • financial aid	15	5.4%
Social services • rented social housing	2	0.7%
Social services • disability serv.	13	4.7%
Social services • social counseling	37	13.4%
Social services • other	33	11.9%
Total social services	**164**	**59.2%**
Healthcare services • physical illnesses	10	3.6%
Healthcare services • psychiatric problems/drug abuse	18	6.5%
Total healthcare services	**28**	**10.1%**
Older adults services, not social services	3	1.1%
Disability services not social services	5	1.8%
Services for children not social services or private practice	6	2.2%
School social work	8	2.9%
The third sector – NGOs	11	4%
Other institutions	19	6.9%
Private practice	8	2.9%
Other	23	8.3%
Missing information	2	0.7%
Total	277	100%

Table 2.
Work settings.

As can be seen in **Figure 2**, most social workers were rather or very satisfied with the social environment at their workplace (84%). Most social workers, 44% were rather satisfied with their work condition as well (**Figure 3**). A rather small ratio, 16% was rather unsatisfied or very unsatisfied with the work conditions.

Most social workers, 92% were very satisfied or rather satisfied with the work itself, the content of the work. Only 2% were rather or very unsatisfied with the content of their work (**Figure 4**).

Theory/ideology/model	Number	Ratio
Empowerment	219	79%
Solution-focused therapy	183	66%
Cognitive behavioral therapy	77	28%
Life cycle perspective	76	27%
Narrative therapy	74	27%
Behaviorism	71	26%
Humanism	69	25%
Bowen	58	21%
Emotional focused therapy	54	19%
Ecological models	46	17%
Gestalt	40	14%
Psychoanalysis	25	9%
Feminism	19	7%
Radical social work	16	6%
Structural family therapy	13	5%
Strategic family therapy	6	2%
Do not base my work on theories	18	6%
Does not apply	20	7%
Other	26	9%

Table 3.
Theories/ideology in work with clients.

The social workers' perspective on availability and quality of relevant interventions for their clients	N	Ratio
Relevant interventions exist	20	7%
Relevant interventions exist but could be improved	42	15%
Relevant interventions exist, but difficult to enter or too long waiting list	55	20%
Relevant interventions exist, could be improved and it difficult to enter or too long waiting list	91	33%
Relevant interventions are lacking	51	18%
Does not apply	11	4%
Other	6	2%

Table 4.
The availability and quality of relevant interventions for clients.

And finally, nearly half of the social workers 48% were rather satisfied with their salaries. However, a considerable number of social workers, 23% were rather or very dissatisfied with their salaries. Only 9% were very satisfied with their salaries (**Figure 5**).

When the job satisfaction variables were combined into one variable, there was a significant difference regarding the role of the social workers. Social workers in all

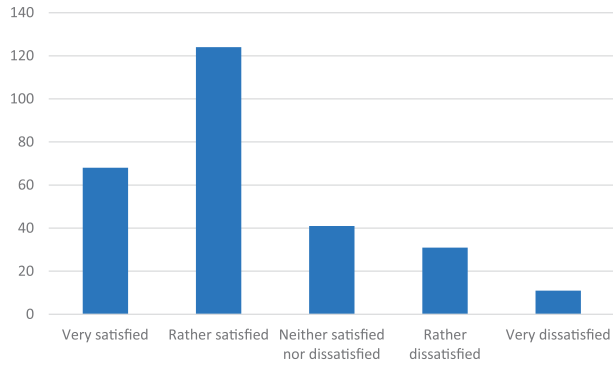

Figure 1.
Satisfaction with management.

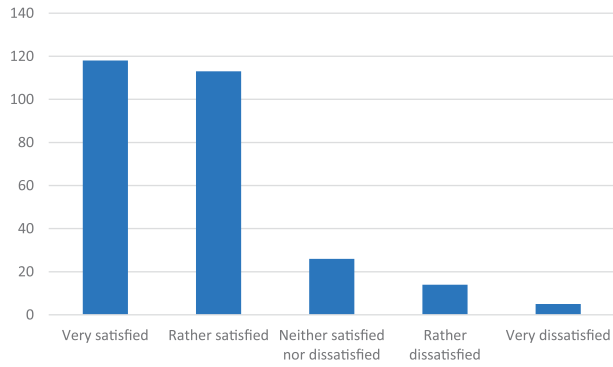

Figure 2.
Satisfaction with social environment.

roles had a similarly high job satisfaction, except social workers who were teaching and/or doing research. Those social workers were significantly less satisfied than social workers who were working as directors, social workers/project managers, or those who were doing counseling/therapy, $F = 2.849$ ($df = 4$), $p < 0.05$. The participants were asked how much stress they perceived in their job on a five-point Likert scale. Most of them thought that the stress was very much (48%) or rather much (39%). Thirteen percent thought that it was not too much and not too little, only two thought it was rather little, and nobody thought it was too little.

The participants had experienced various kinds of stress symptoms (**Table 5**). The most common were lack of energy, worries, sleep difficulties, irritation, and work anxiety. The least common symptom the participants marked was arrogance toward clients. As can be seen in the table, a rather high ratio of the social workers were experiencing health-related symptoms and/or psychosomatic symptoms such as discomfort in head or stomach. Only 12% noted that they had not experienced any work-related stress or burnout symptoms at all. Stepwise regression was used to see if (1) marital status (single vs. cohabiting or married), (2) number of children living in the household, (3) housing (renting on the general market vs. other), (4) work area (child protection vs. other), (5) salaries, (6) years of experience, (7) job satisfaction regarding social environment, (8) job satisfaction regarding leadership, and (9) job satisfaction regarding work environment influenced number of stress symptoms. Only

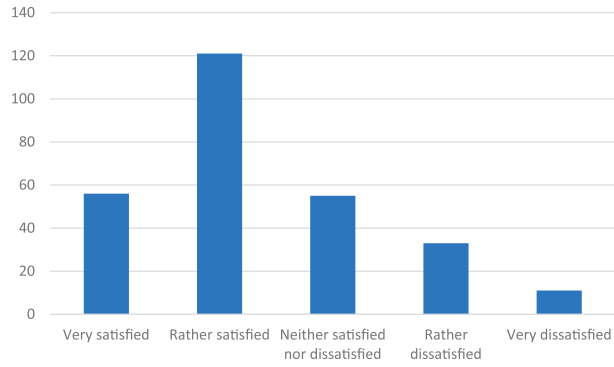

Figure 3.
Satisfaction with work conditions.

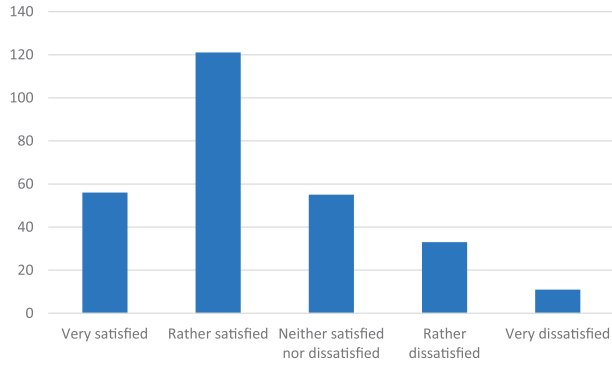

Figure 4.
Satisfaction with the content of the work.

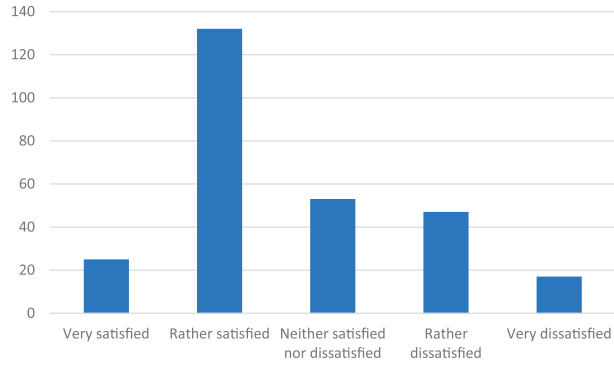

Figure 5.
Satisfaction with salaries.

four of those variables significantly influenced number of stress symptoms; (1) job satisfaction regarding social environment, unstandardized beta = −1.328, standardized beta = −0.230, t = −3.401 (df = 255), p < 0.01. (2) social workers who worked in the area of child protection had significantly more stress symptoms, unstandardized beta = −2.520, standardized beta = −0.200, t = −3.409 (df = 254), p < 0.01, (3)

Stress symptoms	N	Ratio
Less energy/lack of energy	167	59%
Worries	160	58%
Sleep difficulties	126	45%
A feeling of emptiness	124	45%
Irritation	123	44%
Work anxiety	104	38%
A feeling bad/sadness	92	33%
A lack of optimism and interest	82	30%
Discomfort in head	79	29%
A social isolation, self-imposed	75	27%
Difficulties prioritizing	64	23%
Changes in diet	60	22%
Doing more mistakes than before	57	21%
Difficulties in giving emotionally	57	21%
Cognitive flatness	56	20%
Disturbance in thinking	56	20%
Discomfort in stomach	55	20%
Speak faster	47	17%
Dizziness	45	16%
A feeling of anger	43	16%
Walk faster	30	11%
Quarrel and distancing with colleagues and/or director	22	8%
Difficulties finding one's way	18	6%
A significant incapacity at work	13	5%
An arrogance toward clients	5	2%
Have not experienced any stress or burnout symptoms	34	12%
Other	12	4%

Table 5.
Stress symptoms.

job satisfaction regarding leadership, unstandardized beta = −1.080 standardized beta = −0.215, t = −3.078 (df = 253), $p < 0.01$, and (4) job satisfaction regarding work environment, unstandardized beta = −0.082, standardized beta = −0.145, t = −2.389 (df = 252), $p < 0.05$. Child protection workers were experiencing the highest number of stress symptoms, 8.45 on the average compared with 5.94 among social workers who were working in other areas, t = 3.347 (df = 275), $p < 0.001$. There was not a significant difference in number of stress symptoms among social workers working in the capital city area compared with social workers working in rural areas, t = 0.686 (df = 262), p = 0.495. The higher number of stress symptoms the social workers were experiencing, the more likely they were to want to get another job in the near future. Beta = 0.061, standardized beta = 0.277, t = 4.718 (df = 268), $p < 0.001$.

Moreover, 62 social workers (22%) had been from work previously because of a burnout. Regression analysis was used to investigate the relationship of age with burnout in the past. Age did not seem to affect burnout. Standardized beta = − 0.17 (df = 272, p = 0.8). However, the higher the employment ratio was, the more likely the social workers were to have experienced burnout. Standardized beta = 0.128 (df = 269, p = 0.035). Child protection workers (27%) and social workers working in psychiatric health care (11%) were not more likely to have experienced burnout compared with social workers in general (22%), Chi-square = 1972 (df = 2, p = 0.373).

When asked about how likely the social workers were to change jobs in the next future, nearly a third (31%) thought that it was very unlikely that they would change jobs, and additional 26% thought rather unlikely that they would change jobs. One-quarter (24%) thought that there were neither more likely nor less likely that they would change jobs. However, 10% thought it was rather likely, and 6% that it was very likely that they would change jobs. Thus totally, quarter of the social workers thought that it was rather likely or very likely that they would change jobs in the near future.

Supervision is important for social workers, especially when they are faced with stress and are experiencing stress and even burnout symptoms. They were asked if they had received supervision, both in general and the last year. They were also asked about the education background of the supervisor. **Table 6** shows the educational background of the professionals that the social workers had received supervision from. Note that each social worker could mark more than one educational background, since some of them might have had received supervision from more than one professional during the past. Interestingly, more social workers had received supervision from psychologists (61%) than from social workers (51%). Few had received supervision from professionals with other educational background as can be seen in **Table 6**. A considerable part of the social workers (57%) had received supervision during the year prior to participating in this study, and nearly two-thirds (63%) had received group supervision sometime in the past. Social workers who had received supervision at any time in the past were more likely to have experienced burnout in the past. Chi-square = 4.471 (df = 1, p = 0.034). However, social workers who had experienced burnout in the past might have been more likely to have experienced more stress in their job prior to the burnout. Social workers who had been in supervision during the last year had significantly fewer stress symptoms compared with social workers who had not been receiving supervision during the last year before they participated in the study, t = 3.465 (df = 272), p < 0.001.

Educational background of the supervisor	**N**	**Ratio**
Social worker	141	51%
Psychologist	168	61%
Psychiatrist	10	4%
Psychiatric nurse	25	9%
Priest/deacon	11	4%
Other	17	6%
Does not apply	24	9%

Table 6.
Supervision received.

The participants were asked about their work conditions during the pandemic, if they had worked at home completely or in part and if they preferred to work not at all, in part, or completely at home. The mean number of days that the social workers worked at home during the week before the epidemic was 0.31, but 1.83 during the epidemic. The difference was significant ($t = 13.3$, $df = 204$, $p > 0{,}001$). Most of the social workers, 75% wanted to be able to work partly at home following the epidemic. However, a quarter (25%) did not want to work at home at all following the pandemic. Only two social workers wanted to work completely at home following the pandemic.

4. Discussion

This study sheds light on social workers in Iceland following the COVID-19 epidemic in Iceland regarding numerous factors, mainly regarding their professional experience, but also few main factors regarding their personal life.

4.1 Summary of major results and connection with related literature

Most social workers were females, the mean age was 45 years, three-fourth were married or cohabiting, most of them living in their own home, and the average number of children living in their home (at all ages) was 2.6. The participants had work experience from few months up to 50 years, the average work experience was 13 years. Three-fourth of the social workers worked in the capital city area. The highest number of social workers, 26%, were receiving between 5.016 and 5.724 euro in monthly salaries, even though the range of salaries was from under 3.577 euro and over 7.155 euro for 100% position. There was not a significant difference between the salaries social workers were receiving in urban or rural areas. Most of the social workers were working in 100% position or 69%. However, some were working in positions from 49–99%, and others were working up to 130%.

The social workers worked in different areas and in various settings. Nearly two-thirds of them (60%) worked in the social services, and most of those social workers worked in the area of child protection. Others worked in the healthcare services with physically ill or mentally ill clients, in services for older adults, special services for children, in schools, in the third sector, in other institutions, or in private practice. Most of the social workers were working as social workers, case workers, or program managers (66%), few as directors, few were providing counseling or therapy, and very few were teaching and/or conducting research. More men than women were in the role of a director. However, the difference was not significant.

The majority of the social workers were using empowerment (79%) as a theoretical background and solution-focused approach (66%). Many or from 21% and up to 27% were using cognitive behavioral approach, life cycle perspective, narrative approach, behaviorism, humanism, and Bowen. Fewer marked that they were using other approaches. Regarding reasons for interventions with their clients, the most common reason marked was "various kinds of problems" (70%), followed by psychiatric problems (65%) and alcohol or drug abuse problems (53%). When asked about how the social workers perceived the availability and quality of interventions for their clients, the largest part or one-third of them thought that the relevant intervention did exist, but that they could be better, they were difficult to receive, or there was a long wait for the interventions.

The social workers were asked about job satisfaction concerning five different factors. Most of them were rather or very satisfied with the management, social environment, the work condition, content of the work, and the salaries. However, only 9% were very satisfied with their salaries, and a little lower proportion was very unsatisfied with their salaries. Interestingly, the social workers who were teaching or doing research were less satisfied in their job compared with other social workers.

Nearly half of the social workers (48%) thought that the stress was very much in their job or rather much (39%). Thus, the majority of them or nearly 90% seemed to be working in a stressful environment. This ratio is considerable higher than results of another study showed among healthcare workers, were the ratio experiencing stress in their workplace was 70% [37]. Not surprisingly most of the social workers in this study, presented in this paper, had experienced stress symptoms (88%). The most common stress symptoms were less energy/lack of energy (59%), worries (58%), sleep difficulties (45%) a feeling of emptiness (45%), and irritation (44%). This is in part similar to the results of another study, where the most frequent stress symptoms were thinking about clients when not intending to 61%, being easily annoyed 42%, having trouble sleeping 40%, having trouble concentrating 39%, wanting to avoid working with some clients 38%, and feeling emotionally numb 36% [25]. Only 12% thought that they had not experienced any stress symptoms. The higher the number of stress symptoms, the more likely they were to be thinking of leaving their job in the near future. Sixteen percent thought it was rather or very likely that they would leave their job in the near future, which is similar to a survey conducted in China [26], but much less than found in other studies conducted in the United Kingdom [4, 10].

Four variables were predictive of stress symptoms. Child protection workers experience higher number of stress symptoms than social workers working in different areas and lower job satisfaction regarding social environment, leadership, and work condition predicted more stress symptoms. Child protection workers were experiencing the highest number of stress symptoms or on the average 8.5 compared with 5.9 among other social workers. There was not a significant difference in the mean number of stress symptoms among social workers working in urban area compared with rural areas. No connection was found between salaries and stress symptoms, as noted before, the results of former studies have been inconclusive regarding that [12, 16, 25].

A considerable number of social workers (22%) had been away from work previously because of a burnout, which is a similar ratio as in other studies [18, 32]. Age did not seem to be related to burnout. The higher the employment ratio was, the more likely the social workers were to have experienced burnout. Interestingly, child protection workers and social workers working in the psychiatric health care were not more likely to have experienced burnout than other social workers [24].

Supervision has been believed to be important in order to reduce stress symptoms and reduce the likelihood of burnout. The overwhelming majority of social workers (89.5%) had received individual supervision sometime in the past. The ratio is similar to the results of an older Icelandic study [38], and 63% had received group supervision sometime in the past. More than half of the social workers had received individual supervision during the last year prior to participating in this study. Nearly two-thirds of the social workers had been in supervision by a psychologist and 51% by a social worker. Much fewer social workers had been in supervision by other professionals. In the older study mentioned above, third of social workers had received supervision by another social worker, 53% from a social worker and another professional, and 14% from other professionals [38]. Interestingly, the social workers

in this study, who had received supervision at any time in the past, were more likely to have experienced burnout. It is likely that they had been experiencing more stress than other social workers prior to the burnout, but that was not tested in this study. However, social workers who had been in supervision during the last year, prior to the study, were experiencing significantly fewer stress symptoms than social workers who had not been in supervision during the last year.

Regarding the pandemic and the issue of working at home, the social workers worked significantly more at home during the pandemic than before the pandemic. Three-quarter of the social workers wanted to be able to work partly at home after the pandemic, fourth of them did not want to work home at all. That ratio is even higher than the ratio of university educated professionals wanting to be able to work partly at home, according to a recent survey conducted in Iceland, where the ratio was 60% [39].

Finally, it might be noted that the participation ratio was little under 50%. Thus, it is not possible to generalize the results [36] to all social workers in Iceland. However, it is likely that nearly half of all social workers in the country participated in this study, since it is believed that nearly all social workers are registered in the social workers' reunion.

4.2 Practical implications

Social workers tend to work with clients who are likely to have experienced severe difficulties and trauma [24, 40], and the difficulties experienced by both clients and social workers have increased even more during the pandemic [30]. Since nearly 90% of the social workers who participated in this study have experienced stress-related symptoms, and one out of five of them had been away from their job because of burnout, it is important to provide organizational support in order to reduce the likelihood of severe stress symptoms and burnout [20]. Especially since poor working environment, poor social environment, and poor leadership predicted stress symptoms. Such organizational support should provide a decent case load [25] and good working environment. In addition, supportive administration in terms of leadership and social environment is especially important in order to reduce stress [20, 26]. Relevant intervention possibilities are also important to exist, since it can be a great stress for a social worker to have a case without being able to have quick access to relevant interventions, which were lacking in most cases in this study. Finally, it is of vital importance that supportive administration provides social workers with supervision [25, 41]. Supervision should benefit the professional as well as the workplace and should emphasize empowerment, knowledge, and growth [41] as well as self-reflection. Social workers who had been in supervision the previous year before they participated in this study had indeed significantly fewer stress symptoms than other social workers, which is similar to the findings of another study [25].

The various kinds of support discussed here are of even more importance in the area of child protection, since child protection workers were found to experience more stress than social workers working in other areas. It is interesting to note that personal variables, such as number of children in the household, were not predictive of stress symptoms. Thus, even though it can be important for social workers to take good care of their health and meditate [26], it seems that it is of outmost importance for them to experience healthy and good job environment.

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Chapter 7

Communication Strategy for Organizational Leadership and Relationships: Liberating Structures

Yoko Kawamura

Abstract

Communication is human life itself. Because of the information technologies we have nowadays, the communication process is adoptively complex and getting even more complex at an accelerated pace. Understanding how we can make communication better is the key to the individual and organizational well-being, which leaders should prioritize to perform and produce good outcomes and impacts in the society. This chapter tries to introduce social workers to some of the strategies leaders can use for organizational and individual development. After discussing theoretical aspects, *Liberating Structures* will be introduced as a very practical toolset. I have the experience of working with community social workers in the community of Japan, and my work has been related to the empowerment of social workers' skills to better communicate with community members and other professionals and often among peers and staff members. Based on my experience, I showcase examples of *Liberating Structures*' practical usages.

Keywords: communication, organization, organizational development, relationships, strategy for organizational and behavioral change, complexity science

1. Introduction

1.1 Japanese contexts

Japan's social systems very much focus on a rapidly aging society. The population started and kept declining after the peak of 2008, and the population pyramid is base-shaped [1], suggesting that fewer young generations need to support the retired. Building or rebuilding the community to accommodate the daily lives of the older adult whose kins do not live together or close to them is critical. We have a well-developed public system to provide older adults with welfare services for long-term care insurance. The problem is its sustainability because of the shrinking population, especially those who pay taxes. The national government pushes community inclusiveness providing community members with comprehensive care. Comprehensive

care is mutually exchanged among community members. All members can be a provider and benefiter of the care [2].

It is said that the Japanese values ties within close relationships such as family. We tend to have clear boundaries of "Uchi" (meaning insiders) and "Soto" (meaning outsiders). We appreciate family ties, of which the negative side is independence from the outsider [3]. This aspect makes the Japanese think being not independent is a shame and can cause social isolation when individuals in need do not live with or close to other family members. The family is nowadays nuclear, and generations within a family tend to live in separate locations. With this background, the need for public long-term care services is increasing [4], while the market for private eldercare services is also expanding.

On the other hand, Japanese culture is based on farming, in which mutual support was necessary to sustain the business, such as the management of water and land in the community [3]. Many neighborhood communities are used to or still have good supporting systems on such a base in the culture. Community members take care of each other on a daily base. However, such communities are aging and losing their support systems.

Regaining or gaining capacities for managing mutual support systems in the community is needed, considering the financial backgrounds and societal changes.

1.2 Social work in the community

The macro perspective comes down to social work practices. In Japan, social work is majorly driven by the public sector. "Social worker" in Japan is usually a nationally qualified social worker ("Shakaifukushishi" in Japanese) or mental health and welfare worker ("Seishinhokenfukushishi") [5]. However, qualifications are not always required. Social workers are also called different names depending on the workplace, such as "life counselor" ("Seikatsusoudainin") in the eldercare facilities and "medical social worker" ("Iryo" social worker) in hospitals.

1.3 Fields of social workers in Japan

Major employees of social workers in Japan are hospitals or clinics and private medical or welfare companies who contract with local governments to support the management of their long-term care welfare services as subsidiaries.

Social workers, with or without the public qualification, play roles in the delivery processes of long-term care welfare services provided in the community. Although the data is limited to those with the public qualification, about 40% of social workers work for the eldercare facilities, and 14% work for medical care facilities [6]. The data suggests that many social workers play important roles as life counselors in the more general term in Japan.

1.4 What do Japanese social workers do?

Life counselors provide consultation and support services to the older adults with disabilities, and their families. Those clients are users of eldercare homes, daycare services, and other long-term care welfare facilities. Specifically, they serve as the point of contact for the facility, receiving consultation from the users and their families, performing procedures for admission and discharge from the

facility, and communicating and coordinating with the relevant authorities. They are sometimes called "support counselors," and their job description is the same as that of life counselors.

I used to work with social workers in the community. Many are staff members of the companies contracted with the local government. Social workers are responsible for a particular serving area that is geographically determined. The zoning is based on middle schools, which are areas for individuals to live their daily lives.

In 2016, their job description was changed with the need to rebuild the community's capacities. Although the previous responsibilities included coordination of the services, and they were required to collaborate with other organizations to orchestrate resources to benefit insured clients efficiently and effectively, they now are responsible for facilitating community capacity building. It is a huge additional component that requires them to communicate more and better with professional and community organizations. The community usually has its organizational systems with small committees for child welfare, eldercare, security, natural disaster mitigation, etc. Older communities face the challenges of sustaining the system because fewer younger participate in activities, while newly developed communities face the challenges of building such systems. Those organizational systems are enhancers most times, but they can hinder (re)building community capacities. Hospitals and clinics, and private care providers for the medical and long-term care services in the community are important resources, and their participation in the community capacity building is critical. However, the hierarchy between medicine and welfare can be a hurdle toward the goal.

1.5 Importance of organizational development in social work

While I attended social workers' challenges in facilitating community capacity building, I realized that the internal capacity was also being developed. The whole process was new to the organization, and it was very important for social workers to share their experiences and lessons learned. The center's director for community comprehensive care services was keen on such needs among staff members. He invited me to such meetings of the sharing, and I occasionally supported meetings. Though it is anecdotal, those internal communication processes secured by the director's leadership enhanced the organizational development and social workers' performances in the community.

In the 2020 spring, the COVID-19 pandemic started challenging our resilience. For many organizations in social work in Japan and other countries, there must be very challenging moments.

When we are flexible and creative, we become resilient and even better under such supposedly bad situations. Organizational performances heavily depend on how well members communicate with each other, affecting flexibility. Being creative requires diversity. From the future perspective, the leader in social work should be even more concerned about the importance of internal communication processes with their quality of diversity.

This chapter focuses on internal and organizational communication processes and their relationship with the leadership in social work. The concept and tool I introduce will apply to the context across organizations. However, the effects of the enhanced organizational capacity with the base of internal communication processes will cascade to the serving community.

2. Understanding communication from the standpoint of complexity science

2.1 Complexity science

Complexity science is originally derived from the natural sciences of biology and physics and has no single original theory to explain it. It has been applied in the social sciences to address problems and issues in human society. We are also surrounded by many complex systems, such as traffic jams, stock and futures trading, etc. An organization composed of multiple individuals is a social complex system [7].

In modern society, we benefit from information and logistics technologies, which not only connect the world and allow us to be informed about events such as natural and human disasters in distant countries but also affect our lives in many ways. Almost all systems in this modern society are connected, creating a huge complex system as a whole. There are several characteristics of a complex system. However, the most important ones are having a specific origin, having a regularity even though the way it spreads is difficult to understand, and interacting with the surrounding external systems and other systems that exist alongside it [7].

2.2 Revisiting commutation processes

Most human activities are communication. We live our lives with others, and "relating" is communication, exchanging information in all its forms. Shannon and Weaver's most fundamental theory of communication frames and explains the essence of communication [8].

The sender sends a message with an intention. The receiver of the information receives it through a filter of interpretation. Noise exists in the process of transmission and reception, and when the intention at the time of transmission is expressed, it becomes something different from its original form (symbolization). The receiver's interpretation deciphers it, but there is a twist. Furthermore, the receiver becomes an information transmitter that provides feedback based on interpretation. It may seem like a simple exchange of information, but in fact, various factors are involved, and it is not easy for the sender's intentions to arrive at the receiver's side as it is.

The term "butterfly effect" is used to express a slight change in the state of a dynamic system that causes the system's subsequent state to be significantly different from what it would have been without the slight change [9]. Also, in the communication process, a small element can greatly change the outcome. For example, is there someone you know or a friend of yours who somehow makes you feel more energized when you talk with him or her? In communicating with that person, there may be expressions present in the information provider, which lead to good interpretations. For example, a terrific caregiver professional I know practices "hand-holding." As the term implies, it is a light touch of the hand on the other's shoulder when listening to a story. It is an expression of caring. Others may include sitting so that you are facing diagonally rather than face to face in the consultation process, smiling a little when you greet someone and other casual gestures that can make a big difference.

3. Leadership styles, communication, and psychological safety

3.1 Leadership styles and performance

Leadership styles matter the organizational performance. Fiedler (1996) argues that effective leadership is critical for the success or failure of a group, organization, or country [10]. For organizations to become capable enough to cope with the increasing volatility and turbulence of the external environment, leaders should be trained and equipped with the necessary skills [11–13]. It is very applicable to the ever-changing circumstances caused by the COVID-19 pandemic, and effective leadership is indeed needed.

In the area of management, the relationship between leadership styles and performance has been plentifully discussed [14, 15]. The study's results are that the democratic and participative leadership styles tend to yield more success for the organization [16].

Among mainly case studies that provide evidence for the relationship between leadership and performance in general (for example, [17–19]), Thorlindsson (1987) conducted an empirical study that assessed the impact of leadership on performance in the context of Icelandic fishing ships [19]. Analyses of the study data over three years revealed that the captains' leadership qualities accounted for 35–49% of the variation in the catch of crews. Pointing out the limited empirical evidence of leadership and organizational performance, Ogbonna and Harris (2013) examined the relationship between the leadership style and organizational performance with mediating effects on organizational culture among the middle and large companies in the United Kingdom. They analyzed survey data from 322 key informants who knew various tactical and strategic activities of their companies and found that the associations between the leadership style and the organizational performance were all mediated by some form of organizational culture. They also pointed out that among all of the leadership styles that were indirectly significantly associated with the organizational performance, instrumental leadership styles that focus on exchange [20] were negatively related. In contrast, supportive and participative leadership styles were positively related.

Looking at the area close to social work, the empirical evidence of leadership styles is limited but exists in the management of eldercare homes. Donoghue and Castle (2009) examined the relationship between eldercare home administration (NHA) leadership styles and caregiver turn- over from 2900 eldercare homes [21]. They found that the NHAs' leadership style that heard and acted upon their employees' voices (i.g., consensus manager) was associated with the lowest turnover levels. In contrast, the other that did not communicate with their employees about decision making or expectations (i.g., share-holder manager) was associated with the highest turnover levels [21]. Adding the aspect of directors of eldercare homes (DONs) along with NHAs, Castle and Decker (2011) assessed how the top eldercare home management leadership styles were related to the care quality and other performance indices [22]. Their findings showed that a consensus manager leadership style was strongly associated with better quality.

As the research on leadership styles suggests, it would say that leadership styles that are supportive and participative with bi-directional communication processes, including listening and acting upon the employee's or follower's voice, can yield better organizational performance.

3.2 Psychological safety in the organization

3.2.1 Definition

Psychological safety is one of the important qualities of organizational communication processes, and it is related to the organizational culture that the previous research has focused on (for example, [22]).

Psychological safety is built by the seminal work by Schein and Bennis (1965) [23] on organizational change. They defined it as the extent to which individuals feel secure and confident in their ability to manage changes. Following researchers have explored the concept of psychological safety in work settings. Kahn (1990) renewed its focus by redefining psychological safety as an individual's perceptions as to whether he or she is comfortable showing and employing himself or herself without fear of negative consequences to self-image, status, or career ([24] p708). He argued that people are more likely to feel psychologically safe when they have trusting and supportive interpersonal relationships with colleagues [24]. Edmondson (1999) proposed psychological safety as a team-level climate and definition of the "shared belief held by members of a team that the team is safe for interpersonal risk-taking" [25].

3.2.2 What psychological safety provides the organization

Newman et al. (2017) conducted a literature review on psychological safety and identified 62 empirical studies focusing on the outcomes of psychological safety at different levels of analysis [26]. Their review showed the body of evidence on the relationship with organizational communication processes.

At the individual and team levels, it was found that psychological safety was related to greater knowledge sharing among team members [27–30] and reporting of treatment errors, and more interpersonal communication [31, 32]. Psychological safety within couple relationships and teams has been identified its relationship with more voicing behavior among employees [33–36] and a reduction in silence behaviors [37].

Research has shown positive associations between employee perceptions of psychological safety and learning behaviors at both the individual [38] and team levels [39–44]. Meta-analyses conducted by Sanner and Bunderson (2013) [45] found the correlation between team psychological safety and team learning to be 0.42 (95% CI = 0.05–0.85).

Beyond organizational communication processes, early empirical work on psychological safety has shown the association of psychological safety with learning and performance outcomes (for example, [25]). More recent studies have shown its direct and strong influence on performance at the individual [46] and team levels [47], indirect influence through facilitating learning behavior at both the individual [48, 49] and team level [25, 50–54]. Meta-analyses conducted by Sanner and Bunderson (2013) found the indirect effect of psychological safety on team performance through team learning to be 0.17 (95% CI = 0.14–0.20) [45].

In addition to performance, the evidence on the association between the employee's perceived psychological safety and their organizations and creativity [55, 56], both creative thinking and risk-taking at the team level [57], innovation in R&D teams [58, 59], manufacturing process innovation performance [59, 60], knowledge creation [61], team performance mediated by the sharing knowledge [62]. Referring

to the study result of no evidence for the psychological safety leading to higher levels of critical thinking within teams [63], Newman et al. [26] suggest that psychological safety may influence performance outcomes through promoting social exchange between the employee and organization, and enhancing the extent to which the employee identifies with the organization [46, 47, 64].

3.2.3 Leadership that provides the organization with psychological safety

Evidence on the effect of supportive leadership behaviors on work outcomes through psychological safety has been accumulated. For example, empirical studies showed that some properties of leaders, such as inclusiveness [33, 55], support [65], trustworthiness [66], openness [34], and behavioral integrity [57], strongly influenced the employee's perceived psychological safety, and drove the behavioral outcomes such as employees' voicing behaviors, involvement in creative work, job performance and engagement. At the team level, employees' collective perceptions of support and coaching forwarded by the team leader [25, 41], leader inclusiveness [51, 67], trust in the leader [47, 48], and the leader's behavioral integrity [31] have been found to develop psychological safety facilitating team learning behaviors, team performance, engagement in quality improvement work, and reduction in errors among team members.

Research has established the evidence that leaders valuing participation, people, and production use couple discovery rather than group-based discovery methods [44, 68], and an improvement orientation management style [69] are more likely to provide high levels of psychological safety.

The mechanisms of the relationship between supportive leadership behaviors and psychological safety have been referenced in social learning theory [70]. The explanation is that leaders play model roles to employees/followers by listening, forwarding support, and providing clear and consistent directions to them, which makes them feel safe to take risks and engage in honest communication [38, 51, 71, 72]. The other (for example, [47]) pushes the social exchange theory; when followers are supported by the leader, they will reciprocate with supportive behaviors themselves, which secures the psychologically safe environment of the entire team. Newman et al. [26] argue that it is likely that the effects will be stronger and more enduring when psychological safety is built through employee/follower's learning of leaders' behaviors, rather than them being displayed at points of exchanging certain behaviors with leaders.

3.2.4 Points to make

So far, I have shared enough scientific evidence for the important roles of communication processes that can be facilitated by the leadership style. Leadership styles strongly affect outcomes in direct and indirect manners, fostering and hampering, for example, a creative and innovative organizational environment with psychological safety. I emphasize leadership styles are displayed and realized only through the leader's behaviors that are mostly organizational communication processes.

On the other hand, leaders' personalities matter, and not all leaders have personal properties such as traits and skillsets yet to secure the quality of organizational communication processes. To overcome such obstacles, I introduce the tool for enhancing quality organizational communication processes, e.g., *Liberating Structures*.

4. Liberating structures

As mentioned, the remaining part of this chapter will be devoted to introducing the specific tool that helps leaders in social work equip communication processes for a better organizational environment and performance that is *Liberating Structures* (L.S.s) [73].

4.1 L.S. Overview

Although we want to be better in daily performances as a member of social organizations, including private or public, we are not good at making changes. We are in the loop of "habits," and it is difficult for us to escape from it. Habitual practices in the organization, which are being followed by the majority of members, are thought that there is no other way even though there are other ways. One of the typical habitual practice examples is the communication style. On the public occasion, we commonly use five styles of communication, which are presentations, managed discussions, status updates, brainstorming, and open discussions) (**Figure 1**) [74].

They point out the unintended consequences of following the conventional styles include exclusion, suffocation, unjust participation with over-or under-controls and inability to yield ideas for next steps and the future. Those styles often limit space for good ideas to emerge, be shared, merged, and refined. Thus, they will never produce creativity and innovations. We tend to blindly practice the styles because they are thought to be the only way, although they get frustrated with the consequences. Lipmanowicz and McCandless (2020) point out that huge costs are spent working the way in efforts to fix the problems, which actually creates or exacerbates them [74].

To make real changes in organizations, which are sustainable and habitual with good causes, all levels of individuals should be involved. Involvement means not only participation but engagement as change agents, which requires change methods everybody can use, and those methods should be routinely used in daily living [74].

Lipmanowicz and McCandless (2020) suggest the importance of paying attention to "microstructures" of communication styles, which matter to the quality of communication processes, which are the essence of L.S.

They point out that the requirements for small-scale changes are similar to the requirements for large-scale systemic changes. The caseworker who wants to improve the quality of care for the client, the manager who wants to improve department performance, the teacher who wants to engage students, the doctor who wants to improve teamwork, and so on, all need and are benefitted from methods that are very simple, quickly learned, easy to use, and endlessly adaptable. They listed the key attributes for such methods include, 1) *versatile* (being useful in many different situations, regardless of a person's profession, position, culture, or purpose), 2) *easy to learn* (requiring no extensive training), 3) *expert-less* (requiring only a few minutes to introduce), 4) *results-focused* (generating tangible results so quickly that people will sustain the effort), 5) *rapid cycles* (being short enough to fit in the existing cycles of work and to be repeated quickly to improve results, 6) *multi-scale* (being useable with varied group sizes for everyday tasks, projects, or strategy and goal setting, and 7) *enjoyable* (having participants experience working together as pleasurable and satisfying rather than the usual drudgery).

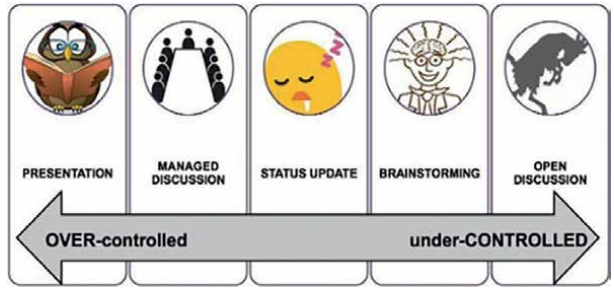

Figure 1.
Big 5 conventional micro-structures. (Source: Lispmanowicz and McCandless, 2020 [74]).

Equipped with those features, L.S.s are the simple change methods that everybody can use to improve or change the way work supposedly gets done. There are 33 structures in which everybody is included and invited to participate in shaping the group's shared future (**Figure 2**). The detailed descriptions of 33 structures are freely and publicly available [75]. Because most L.S.s take only 10 to 30 minutes, they can be used for daily communication processes, including meetings in the organization.

4.2 Theories behind L.S.s: complexity science

L.S.s have been developed from the founders' deep interests in complexity science theories [76]. They took close looks into living how those theories could inform the nature and functioning of human organizations. Quo and McCandless (2020) explained the organizational life using metaphors (**Figure 3**). They argue that we need to take an ecological metaphor rather than a machine metaphor to understand the organization's life. The machine metaphor is the one we have believed since we got machines in the time of the industrial revolution. It explains that a good organization is supposed to work like a clock. A system is made of interconnected reliable parts (people, functions, and systems), directed and controlled from the top, and designed to produce predictable results. However, organizations are not machines but complex living systems that behave and evolve like ecosystems.

Figure 4, which was modified based on the idea by the complexity science scholars [77], presents how to organize activities based on a more conventional machine metaphor and on a complexity-theory-based ecosystem metaphor [76].

4.3 Microstructures

While being easy to understand from the theoretical standpoint, it will pose a question in the practical aspect. That is how organizational members are supposed to manage their operations, make decisions, solve problems, manage people, and so on with such a worldview.

The L.S. founders originally collected methods that allowed people to routinely use to manage in a complex way rather than manage in a mechanistic way [76]. As they accumulated collections, they started simplifying the approach, not requiring the understanding of the complexity theory and terms to use the methods [76].

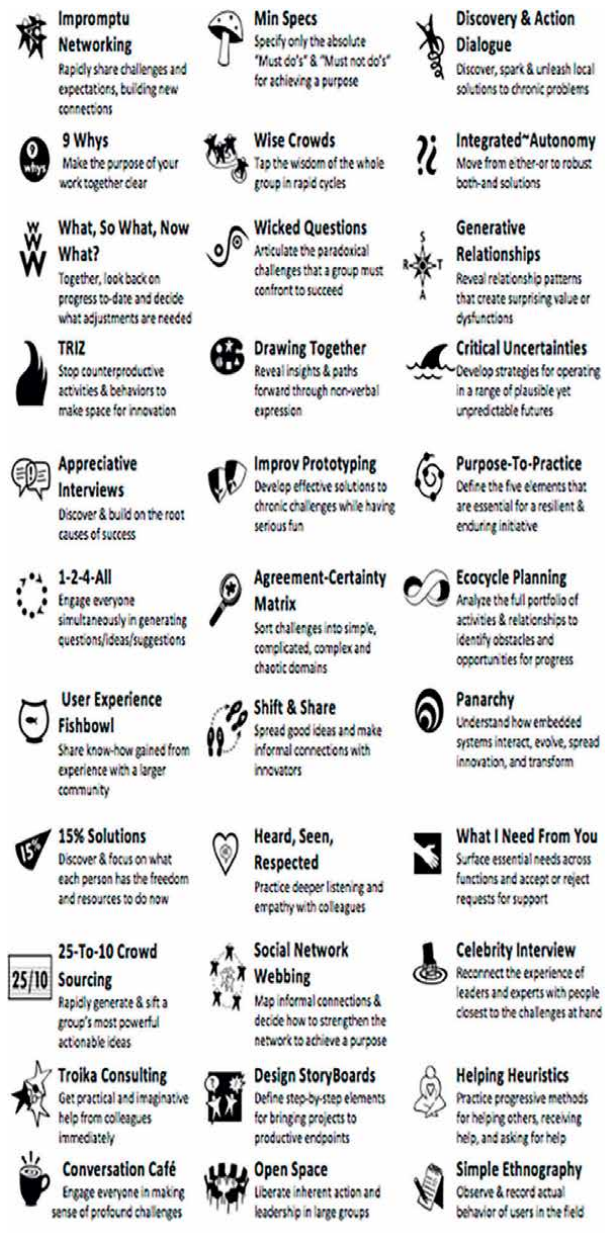

Figure 2.
33 L.S. menus. (Source: Lipmanowicz and McCandless, 2020 [74]).

Such processes of simplifying the methods yielded the aforementioned micro-structural elements. There are five elements of microstructures, and they are the following [73].

1. *Invitations*: They are tightly connected to the purpose of each L.S., but they leave all participants fully in control to generate responses and contents.

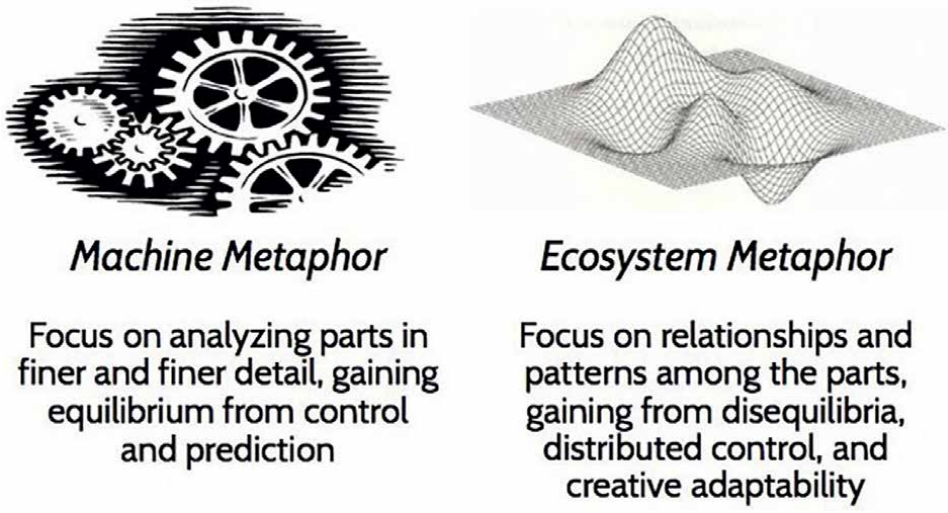

Figure 3.
Comparison of machine and ecosystem metaphors: Images. (Source: Fisher and McCandless, 2020 [76]).

Machine Metaphor How To Organize	Ecosystem Metaphor How To Organize
1. **Role defining** – specify job and task descriptions 2. **Conflict management** – restore order in each part 3. **Tight structuring** – use formal chain of command 4. **Simplifying** – prioritize or limit simple actions 5. **Socializing** – seek homogeneous values and ideas 6. **Decision making** – find the "best" choice 7. **Knowing** – decide and tell others what to do 8. **Controlling** – tightly managed execution with max specs 9. **Planning via forecasting** – plan and then roll out 10. **Staying the course** – align and maintain focus	1. **Relationship building** – work with interaction patterns 2. **Uncover paradox** – draw out difference as a source of creativity 3. **Loose coupling** – work with informal communities of practice 4. **Complicating** – add more degrees of freedom & multiple actions 5. **Diversifying** – draw out & exploit difference 6. **Sense making** – many right answers in different local contexts 7. **Learning** – act/learn/plan at the same time 8. **Structured improvising** – acting in an instant w/ minimum specs 9. **Co-evolving** – gain from surprise and disruption 10. **Noticing emergent direction** – build purposefully on what is possible now

Figure 4.
Comparison of the machine and ecosystem metaphors: how to organize activities. (Source: Fisher and McCandless, 2020 [76]).

2. *How participation is distributed*: No artificial and preset limit is imposed on the number of participants. All of the affected individuals will be included and get equal time and opportunity to contribute.

3. *How groups are configured*: Most L.S.s are done with small groups in a parallel manner, and the cycle of sharing results and moving forward rapidly follows.

4. *Sequence of steps and timing*: Work is composed of blocks logically sequenced to achieve the purpose of the selected L.S.

5. *How space is arranged*: This element defines how the space is shaped, modified, or adapted based on what is needed to best implement the selected L.S.

For example, one of the most basic L.S.s "1–2–4-All" is best designed to generate and exchange many ideas from group members in a short period of time. It can be used as an alternative to brainstorming and status reports and is often used within other L.S.s. Taking it as an example, micro-structural elements are like the following [76].

1. *Invitation*: A question asking for ideas or proposals about an issue (e.g., What opportunities do you see for making progress on this challenge? What ideas or actions do you recommend? What questions do you have?)

2. *How participation is distributed*: Everyone is given equal time and opportunity to participate.

3. *How groups are configure*d: individual, pairs, groups of four, and the whole group in the order

4. *Sequence of steps and timing*: 1) the time for silent self-reflection on a shared challenge or issue, which is framed as a question, 2) the time for generating and sharing ideas in pairs, 3) the time for sharing ideas from pairs in foursomes, and 4) the time when each group shares one important idea with all and meanings/conclusions are recorded.

5. *How space is arranged and materials needed*: 4 chairs per table or groups of 4 chairs with no tables at all, notepads to record observations and insights.

4.4 Case study and examples

This section, following the introduction to the essence of L.S.s, will exemplify its usages through a few case studies and actual use examples. You may not think that they are necessarily considered internal communication processes within an organization. However, I hope that they should give you better pictures of how to use particular L.S.s. I do not provide the readers with detailed descriptions of each L.S. while suggesting you refer to the available resources.

Four provided fictional and non-fictional examples are contextualized in Japan, and the settings are where Japanese social workers are working toward rebuilding the community.

4.4.1 The setting

The description here is fictionally based on the real situation where I was involved.

Imagine the "center" is responsible for welfare services in a particular geographic area. The center chief who is a social worker himself leads the center, and the staff members include two social workers and a nurse, and two administrative staff

members who deal with paperwork for the public procedures. The center's responsibilities include 1) the management of the cases of individuals with long-term care needs, who usually use public services to some extent, and 2) the community organization work, which involves developing relationships with individual residents, community organizations, and other community resources such as medical clinics and hospitals, private or non-profit welfare service providers and so on. While staff members need to set and attend various meetings to develop collaborative relationships with outside organizations across the serving community, being understaffed is a chronic condition. The center chief does feel the lack of information sharing, but he does not want the staff members to sacrifice their roles in private life.

The following is a brief description of 4 possible issues of communication processes that the center face and the possible L.S.s use to resolve them.

Example 1

Issue: With the difference in professional backgrounds, there is a huge perception gap of community organization work among staff members. Because staff members actually do not know well what they are doing, particularly as community organization work done outside the office, some staff members feel that they take the uneven workload. Staff members need to first know and share what the other members are doing as part of their responsibilities, and to have time to think about how community organization work is really what they as the center need to do.

Possible L.S. use: In this case, for the first part of sharing what they do like the role in the center, one of the best fits is "Troika Consulting." It allows staff members to share their thoughts, feelings, and concerns about their own daily work. Using Troika Consulting, feelings and deep thoughts can be voiced with coaching-like support from colleagues. The invitation may be famed by questions like "How do you feel about your daily work and what is the burning issue recently?"

The second part of sharing the value and goal of community organization can be achievable by "Celebrity Interview." The social worker takes the celebrity role (interviewee), and the center chief can interview him/her. The interviewer (the center chief) asks a series of questions to reveal the value felt by the interviewee (the social worker). After finishing a "Celebrity Interview," the other staff members, as if they are press members, can ask additional questions. Then they can reflect on what they thought and felt about what was told by the social worker. This process can be done by "1-2-4-ALL" if the number of participants is large. The communication process is composed of a few L.S.s.

Example 2.

Issue: Some of the key individuals in younger generations who do not perceive the aging of the community as what they need to deal with are not motivated enough to participate in collaborative community works, and the social worker wants to get them involved.

Possible L.S. use: This is a non-fictional example. The L.S. actually used was "Experiential Fishbowl." Having the leaders from the local community and representatives from various related organizations gather together, we (the center staff members and I in the team) invited them with asking a question, "How would you like to spend your last days?"

As part of the half-day workshop, the social workers who led the "Experiential Fishbowl" session asked a neighborhood association leader, a daycare facility nurse, a doctor of the local clinic, a welfare commissioner, and the social worker to be in the fishbowl, and to them to discuss their own ideas regarding the question (invitation)

among them in the fishbowl while other participants surrounded them in the fishbowl. Diverse opinions were expressed, and the conversation did not stop, though, but after all of the individuals inside the fishbowl expressed their ideas and thoughts for about 15 minutes, the other participants surrounding them were given a chance to pose questions and express their ideas and thoughts. Talking about death is not usual, but no one can avoid it, and the communication dynamics were very energizing and promoted the community building for a good life and good death. A participating health care professional mentioned, "It was very good to hear real voices and an opportunity to get to know each other's thoughts. I realize the importance of having time to think together" (**Figures 5** and **6**).

Example 3.

Issue: The social workers think that there must be local resources that have not been captured in the community. They want to expand the list of local resources at various levels because they think recognizing even small-scaled activities by residents and making links will promote supporting systems in the community.

Possible L.S. use: "1-2-4-ALL" the simplest and most basic L.S. can be used with an invitation like "Please introduce each other's current activities." Pairs or foursomes of people who are not normally acquainted with each other are usually recommended for "1-2-4-ALL," and this is very applicable for this case. The invitation can be enhanced by an additional question like "Are there any similarities or similarities?" Foursomes might be asked to make a list of what they heard from each other, and those lists will be merged with the entire group.

Example 4.

Issue: Communities can learn much from each other, and the center wants to set up an environment in which the communities can effectively learn from each other.

Possible L.S. use: It is true that neighboring local communities do not interact with each other enough to know what other communities are doing. Sadly, though but it is very reasonable as the lack of communication can happen within a much

Figure 5.

"Experiential Fishbowl" at the community gathering.

Figure 6.
Ideas shared with a foursome in "1-2-4-ALL".

organization. However, as the social worker thought, there should be a quality of learning when they interact and communicate with each other.

This example is another real story, and the actual work was done. We invited community leaders from several communities to a community gathering. They share concerns about the aging of members and the lack of supporters of sustainable community initiatives. At the session with a diverse group of participants, using "1-2-4-ALL," we invited them to pull "Ideas to reduce the number of older adults who are isolated in their homes." With these invitations, many described what they were actually doing and provided concrete ideas. Those shared and exchanged ideas and information of actual practices were also taken by many as "souvenirs of innovations." We saw many participants motivated by confirming each other's efforts. Participants from the medical and welfare professions were in the session, and they responded to what they heard, "I admire community members who voluntarily support other older members on daily basis efforts and innovations and what they are doing is innovative with full of wisdom."

I introduced very basic and simple uses of L.S.s here, and there are plenty more. Each of the 33 L.S.s covers a range of purposes, from spreading ideas to developing strategies. Users choose which L.S. they use based on particular purposes. In addition, users *string* them again based on purposes. Strings make L.S.s more powerful and provide alternatives to address any challenge of complex problems that groups tend to neglect by making the challenge workable and possible to be solved in shorter times. It may be difficult to structure strings at the very beginning, but as users get accustomed, the possibility can be clearly seen.

Once starting to use L.S.s, users will see its full of potential. It is possible to include and engage everybody and give everyone the opportunity to contribute. L.S.s will make users surprised to see results emerge at a better level than expected and to feel enthusiasm. Another strength is that implementation follows, which truly makes us possible to work in complex systems. As uses are accumulated in the organization, shared experience produces more possibility and confidence in each other, which leads to more innovation. To that point, going back to conventional microstructures (communicating with each other via "Big 5") will never be an option.

A language is a tool for how communicating. We had known only "Big 5" conventional microstructures as the tools of how to organizationally communicate, but now we have 33 more of that tools that provide us with full of potential. The saying "Use it or lose it" to become a fluent speaker of languages is very applicable to the communication microstructure L.S.s.

4.4.2 Final reflection of L.S. and leadership in relation to psychological safety

The research on leadership styles suggests that leadership styles that are supportive and participative with bi-directional communication processes, including listening and acting upon the employee's or follower's voice, can yield better organizational performance. Previous research accumulated evidence on the effect of supportive leadership behaviors on work outcomes through psychological safety.

Although there is no discussion on psychological safety in the context of L.S. uses, to my knowledge, it can be theoretically explained that L.S.s can produce or increase psychological safety because L.S.s can enhance the participation of everybody in very small to large groups by allowing us to be mindful of soft- and hard- microstructures and thus promote flat, just and sound relationships with supposedly high psychological safety. This aspect will call for future empirical research.

L.S.s can help leaders become more effective in organizational communication even though they are naturally not good communicators. Making L.S.s the official language will give the organization possibility of better teamwork and performance. It will require leadership to make it happen. Social work is human care, and the involved organization should be humane to function effectively. Thus, leaders in social work should be mindful of making their leading organization sound with good teamwork by paying enough attention to communication processes.

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Chapter 8

Prospects and Pitfalls Experienced by Social Workers Working in a Confounding Environment in a South African Setting

Simon Murote Kang'ethe

Abstract

While social workers are professionally and aptly placed to facilitate a turn-around environment rife with a conglomeration of challenges such as poverty, ignorance, and diseases, the chapter discusses the developmental prospects and pitfalls that confound their practice in South Africa. Opportunely, social work interventions continue to gain developmental mileage through increased training of social workers, their increased deployment in various versatile domains of social and economic development and increased widening of the scope of social work research, especially current research in fields such as HIV/AIDS and coronavirus. On the other side of the coin, the chapter discusses social work pitfalls attributed to professional curricular gaps as social work continue to follow a western-centric curriculum; the presence of various metaphysical beliefs and myths that weaken or derail social work interventions and a weaker research environment to offer a plausible and timely solution to the prevalent problems. The chapter concludes by calling for a paradigm shift in the social work curriculum as well as its indigenization to productively respond to the South African socio-cultural and geographical milieu.

Keywords: metaphysics, traditional healers, curriculum gaps, confounding environment, poverty, ignorance; socio-cultural and geographical milieu

1. Introduction

Indeed, as some researchers have indicated that social work is a profession of many faces [1], this is indeed validated on the ground, as it faces a conglomeration of challenges, that inter alia includes dealing with children's developmental deficits and their concomitant challenges such as abandonment, abuse, child labour, juvenile delinquency, child trafficking, street children families and lack of their schooling and child poverty [2], addressing the effects of the pandemic such as HIV/AIDS, Ebola, hunger and starvation, substance abuse and all kinds of violence, especially gender-based violence, criminal behaviour and xenophobia; poverty making people lead a life of stresses and despondence; homelessness and squalor settlements, all

these quagmires stifling social and community development [3–5]. While the above challenges are ubiquitous and present challenges of different magnitudes, aspersions are cast over the suitability of the social work curriculum most African countries use. Some researchers believe that the curriculum the African countries use was not meant for its crop of socio-cultural challenges. This is why a number of social work pragmatists continue to advocate for a curriculum paradigm shift as well as effectuating its indigenization so that it can be able to adequately address the country's socio-cultural challenges [6]. As the situation is, social work manifests some glaring development challenges, making it face obscurity and poor interventional dividends when compared with its other sister professions such as sociology and psychology. This social work gap presents a conflictual environment that, if not tackled, may render the profession of social work a toothless bulldog.

While social work in South Africa has endeavoured to tackle these challenges and needs to be appreciated [7], some challenges have been overwhelming due to the inadequate number of social workers against the task, making the existing social workers work in an overwhelming environment amid weaker support from the government and NGOs, and private developmental friendly individuals. A lack of especially enough clinical social workers to handle the requisite clinical challenges bedevilling the society such as the need to debrief the victims of gender-based violence has been documented in South Africa [8].

Perhaps a serious confounding development gap in South Africa is attributed to a variegated metaphysical belief system from various traditional practitioners such as the traditional healers and spiritualists whose influence inculcate among the societies some beliefs that are conflictual with the forces of social and community development. Statistically, 80% of the South African population seek health care from traditional healers [9]. These beliefs affect people's attitudes, especially to fight off the diseases such as HIV/AIDS and coronavirus. While the government of the day offers advice and protocols to be used to fight off diseases, the healers who are usually respected members of the community may advise its adherents otherwise. Therefore, an array of metaphysics driven by these traditional practitioners usually concoct a fertile ground for social and community development conflicts. These traditional practitioners are also responsible for the development of myths surrounding the diseases. While South African societies are used to a mythical environment surrounding earlier pandemics such as HIV/AIDS, societies are now embroiled in understanding the myths about coronavirus. While most myths develop as societies cannot fathom the aetiology and epidemiology of a disease, they make education to societies to follow the disease protocols and guidelines a difficult preoccupation [10].

2. Prospects of social workers in surmounting developmental challenges

2.1 Social workers becoming more proactive in social interventions in South Africa

Despite being considered a relatively newer profession compared with its sister professions that offer social services, social work in Africa is gaining more mileage as it unleashes its repertoire of skills to surmount a conglomeration of social ills that continue to stifle and thwart forces of social and community development [4, 5]. In the last few decades, African governments, but majorly South Africa, have realised the role and importance of social work as a tool of social and community development.

Perhaps this explains the fact that 16 of the 26 public universities have social work programmes that are statutorily governed by the South African Council of Social Service Professions (SACSSP). Opportunely, two other institutions, Hugenote Kollege and South African College of Applied Psychology have recently acquired the South African Council of Social Service Profession's (SACSSP) accreditation, and therefore totalled the social work institutions to 18 [7].

However, despite these institutions, through the funding from the Department of Social Development, endeavouring to increase the number of social workers, South African universities have not produced enough social workers to satisfy all the country's social work needs. According to a study by Van Breda and Addinall [8] in South Africa, by the year 2020, the country had 36,002 population of social workers [8].

Opportunely, the country has seen social workers getting employed to carry out diverse social work interventions ranging from ensuring all children born are supported by child welfare grants, the older persons aptly and timely get their older person's pensions timely in compliance with the Older Person's Act No. 13 of 2006 of South Africa [11]. Further, the government through the Department of Social Development in cohort with the Ministry of Primary Education continues to ensure that virtually all the children in public schools are offered meals [12]. This is to offset the effects of poverty among the families to ensure that all children can engage in education [13]. More so, the Department of Social Development is also actively engaged in ensuring that people with various disabilities are accorded grants commensurate with their challenges. This chapter only reports a few of the activities that social workers are engaged in. However, those activities have been integral in the country's fulfilment of the global agenda that envisage a balanced development of all, as well as fighting ills such as inequalities, illiteracy and poverty, especially among children and women [14]. The activities have also energised the country towards its vision of 2030 as well as its fulfilment of sustainable development goals [15, 16].

2.2 Social work proactivity in research of the contemporary epoch

Opportunely, the involvement of social workers across the board in surmounting, managing or mitigating the effects of coronavirus needs to be hailed in South Africa. This is to avert many of the psychosocial deficits that coronavirus imposed on the citizens [17]. Indeed, poverty on account of coronavirus has been a thorn in the flesh of many South African citizens and those of many countries in the developing part of the world. Opportunely, social workers and other social service professionals are on a record, especially through nongovernmental organisations such as Childline South Africa, of engaging and undertaking many activities to manage and mitigate the effects of coronavirus. For example, they have initiated various psychosocial-based advocacy towards the philanthropic organisations to step in and assist the desperate communities to meet their basic needs, with food topping the agenda [18].

Imperatively, social workers need to be hailed for their fast and proactive response, proving indeed that they have a cardinal responsibility to offer, manage and address the psychosocial quagmires that coronavirus has imposed on South Africans and other people around the globe [19]. In ubiquitous corners of the country, many social workers are on the record, especially through civil society organisations, in poverty arresting mitigating endeavours such as providing food parcels and offering counselling to those made vulnerable to the impact of coronavirus [18, 19].

Applaudingly, the social workers' advocacy to the philanthropists needs to be increased as government resources to assist the victims of coronavirus run dry. This

is because the effects of lockdown destroyed people's economic and occupational bases, leaving them languishing in poverty and failing to meet their basic needs [17]. Opportunely, this saw the government introduce the R 350 social relief of distress (SRD) grant to cushion the effects of poverty on the unemployed [20]. Perhaps it is at this gesture that the country alongside the social workers thanks philanthropists such as Mr. Patrice Motsepe (chairman of African Rainbow Minerals) who mobilised his friends to donate to the government R1-billion to fight against coronavirus. He is also on record exhorting the communities to apply the ethos of ubuntu by coming together in the fight against the scourge of coronavirus [21]. It is imperative that social workers continue to engage other philanthropists to borrow a leaf from the likes of Mr. Motsepe.

Largely also, social workers in the South African context are now increasingly involved in research to widen the scope of quality of social work skills. This has been in response to the ever-increasing ills of social inequalities, and crimes such as gender-based violence, amid several service delivery protests that have pointed to gaps in social work interventions and possibly the skills the social workers acquire [22]. Credit goes to African pioneers of social work indigenization such as Osei-Hwedie, Roderick Mupedziswa, Mel Grey and Simon Kang'ethe, who have used especially the South African context to show how the western-centric inherited curriculum has ostensibly failed to realise significant development [6, 23, 24]. This is to make it more responsive to the local needs. Although the benefits of this advocacy are taking too long to be adequately achieved, the endeavour is welcome and may turn around the management and dividend of social work interventions soon. In short, the pioneers of indigenization have been drumming up a viable cultural path to service delivery [25].

Social work researchers in South Africa need to be appreciated for their role in advocating for interventions to surmount the quagmire of coronavirus. A simple search in the research google engines will reveal that some social workers have authored articles directing how institutions of higher learning need to respond to the disease in South Africa, reported what is happening in these institutions as well as recommended the role of social service professions such as the social workers in the battle against coronavirus [15, 26]. Some social work researchers have also researched the state of the stigma associated with the disease [27]. This heralds their increased competitiveness in the domain of research, which has perpetually been credited to other professions such as sociology and psychology before the acknowledgement of the role of social work in research development [23].

Further, an important research predisposition regards the care of the clients of coronavirus by family caregivers. Some researchers have called for the application of ubuntu to do caregiving [28]. If societies were to apply ubuntu in caregiving, this means they will display trust, love, sharing, mutuality and reciprocity to the caregiving process. This follows the African philosophies linked to ubuntu of being there for one another, offering a supporting hand to one who is falling and a shoulder to one who is crying [29].

3. Pitfalls associated with offering social work interventions

3.1 Social work curriculum deficit

Evidently, despite the country of South Africa ensuring that 18 schools of the Institutions of Higher Learning have social work programmes with the hope that the

country becomes self-sufficient in the number of social workers to tackle many of its conglomerations of social challenges [7], apparently service delivery in many areas managed and run by the social workers appear to be poorly run. This finds evidence from incidents of service delivery protests in ubiquitous corners of the country. While there are many other professionals who are also in the management, this phenomenon possibly points to professional gaps manifested by the social work graduates the country is producing [30]. Indeed, several researchers, such as Osei Hwedie, Mupedziswa Mel Gray and Kang'ethe [6, 23, 24] have in the last few years of decades been drumming up the social work curriculum paradigm shift. This is after a realisation that the social work interventions are not aptly working. This has also been through a realisation that the curriculum the continent has been using was crafted for a western world environment setting, and not to address the challenges Africa is experiencing. In fact, it has now become poignantly clear that the curriculum has been giving African countries and other continents which may be using it a raw deal. This has motivated many social workers such as this researcher to think that the use of the current social work curriculum presents a developmental pitfall that needs to be fixed if African countries such as South Africa are to achieve the requisite developmental standing [23].

However, the need for a curriculum paradigm shift has been driven by the spirit of indigenization that believes that the curriculum should be socio-culturally informed as well as respond to the particular needs of people in a particular geographical locale [6, 24]. While the pace of indigenization appears to be taking a snail's pace, it is incumbent upon the government of South Africa, whose institutions of higher learning are producing a significant number of social workers, to provide resources to enlist the support of all the social workers to facilitate the indigenization of their interventions. This may mean engaging in various indigenization workshops, where gurus of indigenization such as Osei Hwedie, Mupedziswa, Mel Gray, and Kang'ethe can be allowed to facilitate such workshops. This researcher believes that it is only after our interventions respect the indigenous communities' buy-in, their attitudes, and thinking that the social work can bring the desirable developmental change. Clinging to a western-centric curriculum presents a developmental deficit as well as a pitfall that must be tackled [25].

3.2 Weaker social work research development in the country

While this researcher has hailed the indulgence in contemporary research as one of the prospects of social work interventions, and South Africa is rated high in social work research development, especially when compared with other African countries, this researcher still thinks that social work researchers have not been active to compete with other closer disciplines such as psychology and sociology [23]. While this observation calls for more rigorous empirical research, this researcher thinks that social workers should not form a scapegoat for their non-competitiveness, by pointing out that their profession is practice-based [31]. The fact that they are practice-based even makes it more imperative to do research that will applicably inform the practice. Although the country has not produced enough social workers and in 2020, had only produced 36,002 social workers, a shortage of clinical-based social workers has been documented [8]. It is this inadequacy of the social work numbers that make social workers in the country suffer immense stress, burnout and lower job satisfaction [32]. Evidence on the ground validates that most South African social workers employed in various domains suffer high caseloads amid poor working conditions. This is an environment that may explain productivity gaps and probably reasons for frequent

service delivery strikes [22]. This has probably contributed to a lack of capacity to implement policies and programmes [32].

Perhaps a snapshot check in the google scholar account of the country's social workers shows very low citations, which could herald their uncompetitiveness in the global research, with especially social work researchers from the Black dominated universities apparently producing a very low volume of research. While the google account details do not form a perfect measure of research engagement, it is an important one, and point to a few of the factors ranging from a researcher's total research output (citations), the weighted strength of the researcher's research output (H-index) and the strength of the articles themselves (i10 factor) [33]. This researcher believes that other global research engines such as the Scopus, web of science follow a similar research analysis [34]. This researcher has also noted that research articles for very important domains such as the coronavirus takes too long to be published by the countries' social work researchers in the South African context, while articles from the developed countries such as those in China are very timeous. It is unfortunate that the students while engaging in various research reports lack locally published work and are instead forced to use publications from the western world. An attempt by some studies to carry out some research on the stigma surrounding the coronavirus in the southern African context has forced the researchers to use data from the developed countries as African research output is little or takes too long to be published [35]. On the contrary, social work researchers from the western part of the world appear to be doing well, judged by how fast they produce outputs in the international google engines. While infrastructural challenges and funding have a share in the contributions, this does not form a feasible excuse for low research output, as there are some well-funded universities, with globally competitive infrastructure in the country.

3.3 Metaphysical beliefs systems that are anti-developmental

Inopportunely, African countries with South Africa leading the pack continue to face myriad development deficits due to its people's embracement of metaphysical beliefs that run counter to the ethos of development [36]. Conceptually, metaphysics is a reflection on the fundamental nature of being and connotes people's philosophy or belief system [36]. Evidently, one's belief system is important as it shapes their identity, and many people see reality through their metaphysical lenses. In fact, people fathom or construct reality through their metaphysical lenses [36–38]. There is therefore an inextricable relationship between people's metaphysics or belief systems and their spirituality, as well as their practices. Further, metaphysics in the African context revolves around the spirit beings and their impact on driving reality and power. This also determines people's cultural orientation, morality, social life, capabilities, customs, enjoyments and day-to-day practices [39]. This means, therefore, that the construction of ethos and norms of livelihood in a particular society may reflect that society's metaphysics.

Inopportunely, South Africa and its neighbouring countries present a metaphysical environment that defies the rules, norms and practices of social and community development. Perhaps this is because of innumerable traditional practitioners who influence people's belief systems. For example, statistically, 80% of the South African population seek health care from traditional healers/sangomas alongside other practitioners such as spiritualists [9]. This heralds that they keep playing a major part in African health systems and therefore inculcating to the adherents, a metaphysical

environment that is anti-developmental. In fact, in some instances, the healers' practices defy the country's constitution. Since the healers' therapeutic processes do not match those of the biomedical practitioners, people who trust and listen to them may get the wrong diagnoses [40]. This is evident in the early years of the fight against HIV/AIDS when the healers claimed they were therapeutically strong enough to facilitate healing to those who were HIV positive. Such people because of the faith they held in the healers' treatment modalities, neglected or shunned the advice of biomedical practitioners who are credited, through the application of ARVs, to guide the treatment process of those living with HIV/AIDS [41].

Some research validates that those who stuck to the healers and shunned the prescriptions of the biomedical authorities faced early death or had to be rushed to the biomedical clinics when they were too weak to survive [42]. Research by Kang'ethe [42] in the Tsabong District of Botswana revealed how destructive it was when societies shunned the direction of the biomedical and followed the dictates of healers and spiritualists. This means that the metaphysical beliefs that the society held then of the effectiveness of traditional healing powers to treat HIV/AIDS, held them in ransom, making some ignore the voices of social and community development practitioners. In some rural areas of South Africa, these beliefs, especially in the earlier stages of the HIV/AIDS campaign, have made efforts of the social workers and other social service professionals experience serious campaign hiccups as some members of the society stuck to the prescriptions of healers arguing that they have been under the traditional diagnoses of the traditional healers and spiritualists since time immemorial and could therefore not abandon them for the biomedical practitioners [42].

Moreso, religious metaphysics continues to pose challenges to forces of social and community development through the adherents' faith that ignores the governmental adherence and practices of social and community development. The case at hand is when the religious leadership discourages their church members from accessing bio-medical health delivery systems or engaging in the immunisation of their children [43]. The practices of Bazezuru of Botswana, a religious grouping under the leadership of Johane Masowe, hold the belief that attending modern clinics or being attended by biomedical practitioners is wrong. This belief has confounded the management and leadership of the campaign against polio immunisation of children and taking them to school in Botswana.

3.4 Mythical environment confounding community development endeavours

Myths are fallacious beliefs about a phenomenon and remain a confounding factor in the battle and management against diseases. However, their development arises from the inability to succinctly understand a particular phenomenon [44]. They, therefore, shape the beliefs of people and their behaviours [45]. For example, when people fail to understand the aetiology and epidemiology of a disease, this prompts the development of myths. Myths become misleading and anti-developmental and are usually fear-evoking as societies grapple to adapt and embrace the meaning embedded in them [45]. This calls for the forces of social and community development to come up with interventions to motivate their demystification [46]. This is because of the danger that fallacious belief systems can pose to development. They make the management of people's attitudes and thinking so that they can conform to ethos and practices of social and community development a difficult preoccupation. They also form a palatable environment of stigma and stigmatisation [10].

A mythical environment that has been associated with HIV/AIDS in Southern African countries, such as South Africa and Botswana, made the campaign against the management of the disease a very expensive one. This is to demystify the disease and convince people about its dynamics as well as the basic facts about it. The campaign had also to do with efforts to destigmatize the disease [47]. While the campaign against HIV/AIDS in South Africa has not been won as the country continues to spend many billions on the buying of ARVS, the presence of a conglomeration of myths surrounding the disease remains a serious social and community development challenge [48].

The development of myths surrounding coronavirus since the advent of the disease in 2019 has been worrisome as many of the myths runs counter to the forces of social and community development demanding a perpetual education to convince members of the society of the aetiology and epidemiology of coronavirus [49]. Perhaps why it is difficult to control myths is because the phenomenon has economically been exploited by cultural traditionalists such as traditional healers, spiritualists, herbalists, and witches and wizards [9] who make the communities they hail from, believing that they have powers to arrest some of the diseases that the biomedical practitioners have failed to offer a solution for or are still struggling for an answer. These traditional practitioners wish that the communities completely miss out on the knowledge about the basic facts of disease for their own pecuniary advantage [9].

4. Conclusion and social work implications

Despite the importance of the social work profession occupying a very important place and space among social service professions in the western world, it is paradoxical that in many African countries, it suffers obscurity, and recognition deficit especially in the face of other social service professions such as psychology, making its interventions paltry effective. However, perhaps South Africa is increasingly becoming different because social work operatives are increasingly glorified with social work being depended on to help tackle and address a conglomeration of social challenges that bedevil the country. The profession manifests governmental recognition in that the country has 16 schools of social work among the 26 national universities; plus, two other schools housed by two other non-university institutions of higher learning. Opportunely, social workers across the breadth of South Africa have continually occupied different professional offices that facilitate service delivery. Managed by the Department of Social Development, social workers manage the allocation, implementation and distribution of various social welfare grants that inter alia includes, child welfare grants, foster care grants, old-age pensions, disability grants, etc. This researcher believes that these grants are disbursed with some degree of fairness making the country one of the biggest welfare countries in the world. This makes the social work profession a bridge and an implementer for the poverty alleviation process. With the country experiencing one of the highest inequalities in the world and with more than 34 million people relying on welfare grants as the only source of income, then social work needs commendation for facilitating the implementation of these welfare grants. The profession also needs to be recognised for its versatility, meaning that social workers can handle a repertoire of tasks bedevilling society.

The engagement of social work researchers in many important domains in South Africa, such as gender-based violence, xenophobia, crime and coronavirus, and the environment surrounding it has made social work rise in rank to compete favourably

with other perennially research-oriented professions such as psychology and sociology. Indeed, social workers are slowly becoming self-contained and are increasingly engaging in cutting-edge research about the challenges bedevilling the society. Perhaps more research credit and recognition go to social work researchers in the South African region who are marshalling effort and energy to indigenize the social work curriculum. This is to make it more responsive to the needs of the citizens.

While the above constitutes the prospects or positive contribution to social work, the profession suffers immense pitfalls or faces a confounding environment. It has been stifled and thwarted by a colonially loaded curriculum that was crafted to take care of the environment different from the African setting. This could explain the fact that most social workers upon graduating from the schools of social work are not able to bring the requisite change that guarantees effective social and community development. This is because the social work curriculum it inherited is remedial and curative as opposed to being developmental. The presence of perennial poverty among the South African communities, despite the mammoth functionalities of the social workers, proves that, indeed, social work is not productive enough to ensure the country achieves a turn -around developmental trajectory.

Another pitfall or confounding environment is that social work has had the challenge of working with communities whose metaphysical belief systems make them undermine the tenets of social and community development. With 80% of the South African societies believing in traditional healers and their practices, alongside other traditional practitioners such as the spiritualists, herbalists, witch doctors and wizards, these practitioners have ensured their adherents believe in their metaphysics and practices, and not what the forces of social and community development stand for. This has been serious in the battle against HIV/AIDS, where some traditional practitioners have not hesitated to make prescriptions for the disease instead of owning the fact that their trade and skills levels cannot subdue HIV/AIDS. This is worrying in South Africa where HIV/AIDS continues to consume a lion's share of the health budget through the cost of ARVS. Further, these metaphysical belief systems have given rise to an environment rife with a mythical environment that misconstrues the basic facts of a phenomenon of social and community development concern. While HIV/AIDS suffered a catastrophe of myths, coronavirus has not been spared. This has detracted the path of knowing the disease's aetiology and its epidemiology.

Conclusively, the country needs to strengthen the process of indigenizing the curriculum which will mean changing it to reflect and respond to its socio-cultural and geographical milieu. This will be a major milestone in social work interventions in the country.

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Chapter 9

Perspective Chapter: Leading Welfare Organisations from an Integrated Leadership Approach - Responding to Modern Social Problems

Maditobane Robert Lekganyane

Abstract

Organisational leadership plays an important role in addressing societal problems. For welfare organisations, effective leadership is even more crucial given the nature of problems presented to these organisations, which are complex and affecting mostly vulnerable population groups. Despite the contribution of traditional leadership approaches in resolving some of the social problems, research evidence have proven that the traditional approaches to leadership have not been effective, with some researchers calling for an integrated approach to leadership. The call is considered legitimate given the complexity and dynamic nature of social problems to which welfare organisations respond. A leadership approach for an organisation should adapt to the broad and diverse contexts in which welfare organisations exist (including its own internal environment) in order to effectively respond to these complex and diverse social issues that are often presented for intervention. The aim of this chapter is to argue for an integrated leadership approach as an appropriate leadership approach for leading a welfare organisation. Drawing from the leader-oriented and relationship-oriented approaches to leadership, the chapter demonstrates how the conventional approaches to leadership can be adopted interchangeably or even collectively in an integrated fashion to respond to a single-presenting problem within the welfare organisational context.

Keywords: leadership, leadership approach, social work, welfare organisation, social problems

1. Introduction

Leadership is one of the fundamental imperatives for the success of any organisation. For social welfare organisations, it is even essential given the nature of these organisations. Unlike your corporate entities that are streamlined towards a specific business objective which is mostly income generating, social welfare organisations are broader in scope and therefore requires a broader approach to leadership. With complex,

divergent and complicated modern social problems like Covid-19, gender-based violence and others that are compounded by the very nature of social work's applicability to diverse fields, the need for welfare organisations to align their leadership strategies and approaches to accommodate its diverse and complex nature is of particular significance if social work is to effectively respond to these social problems. This chapter seeks to explain how social welfare organisations can be managed or led from an integrated social work approach in order to effectively and efficiently respond to modern complex and diverse societal problems that are often presented to these organisations. A discussion of the meaning of leadership in the context of welfare organisations will be an opening section of the chapter, which will then be followed by a background to integrated social work approach and its significance to organisational leadership. The discussion will proceed to how integrated social work approach to leadership can be effectively used to manage or lead an organisation in responding to various problems that confront our modern society. Due to an applied approach followed in this chapter, a case study will be used to demonstrate the applicability of an integrated social work approach to managing welfare organisations.

2. Methodology

This chapter relied on integrative literature review method. It is based on existing literature, knowledge and research findings on leadership theories with the overall purpose of developing and reconceptualising integrative leadership approach [1]. Although the author targeted publications focusing on leadership in general, the inclusion criteria set to specifically select relevant material was that such material: (1) had to be written in English; (2) had to focus on leadership theories and literature. A search for literature from various electronic resources websites yielded a total of 62 publications, of which 26 were selected in line with the set criteria. To demonstrate applicability of integrated leadership theory, the chapter provides a case study of a welfare organisation where some suggestions are proposed on how it can effectively be applied. This case study was also based on integrative literature review.

3. The meaning of leadership

In order to clearly understand leadership, one needs to first understand the concepts *lead* and *leader*. The word *lead* is a verb which is used to refer to an act of giving some kind of direction to subordinates. In organisational context, to lead is to provide some kind of strategic direction in order for an organisation to realise its overall mission. By organisation in this context I refer to a welfare entity and its staff component. Metaphorically, one can relate leaders to drivers of a vehicle called an organisation and whose primary responsibility is to drive these organisations towards its envisaged mission and objective which in the welfare context may include building self-reliant society by supporting the marginalised sections of the population such as widows, orphans, persons living with HIV, the older adults, victims of gender-based violence and many more. Leaders are also expected to provide a sense of belonging among the organisational staff component in order to enhance the organisations' productivity and attainment of objectives [2]. In other words, subordinates of a leader should feel free to exercise their duties and to constructively and critically interrogate any of the activities involved in the organisation.

An integrative definition of a leader is that a leader is a person who select, equips, trains, and influences one or more subordinates towards the mission and objectives of the organisation by causing them to expend their spiritual, emotional and physical energy willingly and enthusiastically in a concerted coordinated effort so as to achieve the organisational mission and objectives [3]. In exerting such an influence, a leader conveys a prophetic vision of the future in clear terms resonating with subordinates' beliefs and values in such a way that they can easily understand and interpret the future into present-time action steps [3].

Within the welfare organisations, a leader's role is quite a complex responsibility because welfare organisations deal with complex social issues that require them to use complex problem-solving approaches and strategies. They have to provide leadership to social workers and related professionals who are guided by various techniques, theoretical orientations, skills, values and methods that are all geared towards addressing the challenges faced by their various client systems who visit their organisations for assistance. As heads of these organisations, leaders have a responsibility to ensure that their social workers and related professionals do possess the necessary capabilities to deliver quality services in order to ultimately realise their organisations' mission [4].

Leadership involves a collaboration between a leader and subordinates with effective leadership involving a high-quality services, personal development, high level of satisfaction, direction and vision, innovation and creativity and invigoration of organisational culture [2]. In other words, effective leaders are able to influence subordinates towards the entity's envisaged aim of providing good quality services while at the same time developing the qualities of both subordinates and a leader (through continuous training and development initiatives) and promoting satisfaction to both subordinates and the client systems. They are able to creatively and innovatively give guidance towards the envisaged aim of the organisation by instilling an organisational culture [2]. Cleary an effective leader cannot be influenced by one conventional approach, method or leadership style. She/he will rather need to draw from a variety of approaches, skills, techniques, principles, theories and perspectives that will all come together and enable her/his to effectively satisfy all of the preceding qualities. In the context of welfare organisations, it even become more complex because the issues that leaders are expected to respond to through their organisations and subordinates are mostly based on human relationships and therefore dynamic, complex and continuously evolving.

4. Leadership in welfare organisations

What makes leadership in welfare organisations unique and different is that these types of organisations respond to dynamic and continually evolving social problems that confront people in their daily lives. The very dynamic nature of human relationships that most of these organisations have to deal with, also make leading these organisations a unique exercise. It is the nature of problems that are presented by people to these welfare organisations that make leadership in these types of organisations to be complex, multifaceted and therefore requiring what one may call an *all-rounder* kind of a leader, who is fully knowledgeable and in possession of broader skills and techniques to support, guide and enable her/his subordinates to effectively and efficiently respond to issues that are presented by their client systems.

Take an example of a parent seeking assistance from a welfare organisation for a teenage daughter who is a victim of cyber bullying. A leader who is leading such kind

of organisation will have to ensure that subordinates are properly equipped with the necessary knowledge regarding cyberbullying and its related dynamics by giving the necessary direction in that regard. She/he should also ensure that they are acquainted to the continuously evolving internet space and the manifestation of cyberbullying as this digital space evolves. Such a leader will also have to ensure that her/his subordinates who will be working on this particular case, are at the same time equipped with the necessary skills and knowledge regarding the generational gap issues in order to enable the parent and this teen to relate and understand one other, while at the same time respecting and appreciating the family culture and values. More importantly, such a leader will also have to ensure that her/his subordinates are fully initiated regarding the organisational culture and mission.

The uniqueness of each case as reported within this organisation may also bring another layer which needs to be considered for example if it's a crisis a leader may adopt a more autocratic approach by giving instructions on how to intervene, or she/he may opt to rather leave it up to subordinates on how to respond to such kind of cases. Of course, her/his approach will also depend on her/his relationship with subordinates. All these factors imply that such a leader, should herself/himself possess superior knowledge regarding all these aspects in order to influence, guide, support and direct this subordinate on how to effectively and efficiently respond to the issues that are presented. In doing so, she/he will therefore not draw from a single approach or theory of leadership. She/he will rather need to possess an integrated approach to leadership, a basket of various approaches, theories and perspectives so that she/he can influence her/his subordinates in responding to this dynamic issue.

5. Conventional approaches to leadership in welfare organisations

In order to fully understand the broader context of integrated leadership in a welfare organisation, it is important to first begin by understanding the conventional approaches to leadership from which the integrated approach to leadership develops. The two categories of leadership theories are those that are oriented towards a leader and those that are oriented towards the relationship that a leader has with her/his subordinates [5]. These theories are briefly explained below:

5.1 Leader-oriented theories

Theories that are oriented to a leader assumes that leadership is a personal quality possessed by certain people and that not everyone can be a leader [5]. Some of these qualities emanate from their behaviours while others they are simply born with. The following section will focus on the leader-oriented theories of leadership.

5.1.1 Trait theories

Trait theory are based on the view that leaders possess traits that are unique to leaders and that non-leaders do not have such traits [5]. In other words, leaders are born with certain traits that enable them to be developed into becoming leaders [5–7]. Features that distinguishes leaders as proclaimed by the train theories are personal character of a leader, drive; motivation; consistency and integrity; fairness; patience; courage; determination and perseverance; self-confidence; emotional intelligence; innovative thinking; ability to instil entrepreneurship in an organisation; rational decision making;

self-management and knowledge of organisation attractiveness [6, 7]. Although a 1948 study by Stogdill concluded that a person does not become a leader by virtue of possessing certain traits, the trait theory remains relevant and influential in leadership [5] and may even be relevant in certain circumstances of welfare organisations.

Leading a welfare organisation aiming to support people living with HIV might for instance require a leader who possess certain traits such as drive, patience and courage for managing a hospice that deals with people with chronic conditions such as AIDS and the inherent challenges associated with such chronic conditions. It may even be crucial for such an organisation to have a leader with full knowledge of the organisation in terms of its strengths and weaknesses so that she/he can make informed and rational decision making. Due to funding related challenges for some of these organisations, a leader should have some kind of strategies for raising funds and therefore possess some competencies in instilling entrepreneurship in this organisation. In summary, a trait theory can also be a crucial theory through which leaders in a welfare organisation are influenced.

5.1.2 Style and behaviour approaches

Central to the behaviour approaches to leadership is the view that leaders are not born, they are rather developed [6]. Among the behaviour theories are Theory X and Theory Y; autocratic, democratic and laissez faire leadership style, initiating structure versus consideration theory, production-oriented leaders versus employee-oriented leaders and in some instances, may even be a combination of both [5]. In terms of *Theory X*, an average employee or subordinate is fundamentally lazy and will avoid work at all costs. These kinds of workers will then prompt leaders to closely monitor them consistently [3]. A leader who is influenced by Theory X tend to use the rewards and punishments and create compliance rules and procedure in order to get the subordinates to perform [8].

Contrary to Theory X, *Theory Y* assumes that an average employee is ambitious, self-motivated and exercise self-control [3]. For leaders who are inspired by this theory, they consider work to be natural for all human beings and therefore employees would then naturally execute their responsibilities as required [8]. Whereas Theory X adopts a more rigid approach to leading an organisation, Theory Y is more flexible, and a leader have more trust in her/his employees' competencies and abilities [3].

It is generally difficult to draw a line between them in practice and leaders tend to fluctuate between them [8]. Whether both of these theories find relevance in a welfare organisation is subject to the unique contextual features or circumstances presented to a leader at the time and I would argue that this theory does find relevance in welfare organisations. In other words, some instances or even types of organisations, may require a leader to adopt a more rigid Theory X approach while others she/he may consider the Theory Y approach. A leader may for instance in cases where an organisation such as a hospice is presented with a complex crisis case requiring an urgent intervention to save a life, adopt the Theory X approach by prescribing the procedures to follow or by even closely monitoring her/his subordinates as they intervene in such cases. The same approach could be applied in a child welfare organisation when cases such as sexual child abuse are presented which requires social workers to report to police within the prescribed time frames and to ensure medical attention is provided to such a child. In such instances, Theory X might be a relevant approach to adopt. Contrary to the above scenario, cases may be presented before an organisation through which a leader may entrust the competencies and decision-making by subordinates, thus adopting the Theory Y approach to leading. This may be

your ordinary domestic violence cases that require couple counselling or mediation by third parties as well as your normal foster placement and adoption cases,

In *autocratic leadership,* the leader makes all decisions and employee, merely follow without saying much in decision making [6]. Although research evidence suggests that authoritarian leadership is destructive, undesirable and ineffective, some researchers suggest that this approach may be conducive for employee responses and therefore exert positive effect on such employees [9]. A subordinate centred approach study undertaken among the Chinese organisations to explore the psychosocial process linking authoritarian leadership to employee and the situational factors that may affect the process revealed that authoritarian leadership may also motivate employees to enhance their performance [9]. In arguing for authoritarian leadership Wan and Guan consider it (1) to be effective since it allows leaders to set up specific and unambiguous goals to subordinates; (2) to enhance a sense of identity among subordinates as group members which in turn increases their level of performance; and (3) setting high performance standard expectations for subordinates. Although some authors critique this kind of approach, it does find relevance for adoption in a welfare organisation, which like any other organisation, would benefit from very clear and specific goals for the subordinates and to develop a sense of collective identity within such an organisation.

Just like your theory X and Theory Y, autocratic leadership approach may also find application relevance in a welfare organisation. In view of the fact that welfare organisations function within the broader societal context characterised by various factors such as specific legal prescripts, leaders often find themselves having to adopt an autocratic style in order to ensure that compliance with such prescripts is precisely done by setting very clear and specific procedures to be followed. Some of these practices may have been witnessed during the Covid-19 pandemic for instance wherein several countries imposed some regulations for companies and organisations on how to better manage Covid-19 which led to some kind of top-down approach to leadership.

With *democratic leadership,* a leader adopts a participatory approach towards leadership by involving subordinates in her/his decision making [6]. Employees who serve under leaders who are influenced by democratic leadership approach tend to display high degree of satisfaction and are motivated to be creative and to work with enthusiasm and energy. Their performance is not influenced by the presence or absence of a leader [7]. What is central to democratic approach to leadership is that human beings possess the capacity to be intelligent, to self-control and be conscience in making decisions and it is this inherent capacity that makes discussions and continuous participation to be free. The approach is that every person should be listened to since they are capable of sharing ideas that can contribute towards resolving organisational problems [10]. This theory makes sense for welfare organisations which are aimed at addressing complex challenges triggered by dynamic human relations and which normally comprise of various employees and client systems with different talents, skills and experiences and therefore likely to contribute to resolving some of these complex issues.

The word *laissez faire* is a French term which literally means to 'let do' [11]. In organisational terms it basically means to let the process take its course without interference. In terms of the laissez faire approach to leadership, leaders allow subordinates to make all decisions often without any follow-up, with the leader taking no active role besides assuming leadership position [6, 7]. This type of leadership approach is also referred to as "the hands-off, let things-ride" approach or a

"zero leadership" [12, 13]. Although Laissez faire leaders are considered to be passive and avoid responsibility, it can be an effective leadership style for organisations where subordinates are highly skilled and motivated though not suitable for employees who lack the necessary skills and knowledge [14]. The non-involvement of a laissez faire leader does not necessarily mean she/he is not active because non-involvement is in this context similar to an empowering leadership [14]. A Pakistanian study aiming to empirically investigate the impact of authoritative and laissez faire leadership approaches on employee thriving (the employee's capacity to vigorously prosper, grow, flourish and develop in the workplace) has revealed that laissez faire and authoritative readership approaches contribute to employee thriving [14].

Within the welfare organisational context, a submission can be made for the relevance of laissez faire approach to leadership. In these types of organisation, one finds a diversity of employees with different talents and experiences. Some may have served the organisation long enough to know all the tools of trade while others may have just joined fresh from universities and colleges. An effective leader might in this instance, adopt laissez faire approach among those who are well vested with the organisation, while applying other appropriate conventional methods such as the autocratic, among those who are fresh from a college or university training. Of course, one might argue that as much there may be a category of the so called experienced who may benefit from the laissez faire as well as the new ones who may need closer monitoring, a blanket approach which involves a blind application of these approaches may not be a good idea. A leader might find it beneficial to further asses even within these categories as to whether a particular approach will be suitable. In a nutshell, the laissez faire should be applied with caution by considering all relevant factors within the organisation as well as among the subordinates.

With *initiating structure versus consideration theory*, leaders define their structures, their role and the roles that are played by employees for the purpose of attaining the overall goals of the organisation [6]. Whereas initiating structure refers to the extent to which a leader defines and facilitates group interactions towards the attainment of set goals, consideration means the degree to which a leader shows concern and respect for subordinates by considering their welfare and expressing appreciation and support [15].

Initiating structure may particularly be appropriate in situations where a leader wishes to address a presenting problem by assigning it a responsibility to address it to a particular team or group of subordinates. This is also a normal practice for welfare organisations wherein for example, a team can be assigned a responsibility to investigate a case of child neglect. With consideration, the leader tends to value the wellbeing of subordinates and is more inclined to encouraging them through support and appreciation of their work. You may have also come across this kind of practice among some welfare organisations wherein structures such as the employee wellness are in place while systems such as performance management systems are in place to encourage employees' performance by recognising their contribution and rewarding them accordingly. Leaders who are influenced by consideration theories are employee oriented as opposed to production or service oriented. Whereas service-oriented leaders are those who are inclined to the task and dimensions of work, employees-oriented leaders are more inclined to focus on interpersonal relationships [6].

5.1.3 Contingency theories

Contingency theories were championed by Fiedler, whose view is that leadership style appropriate to a given situation is determined by behaviours that emerge from

such situtation [5]. According to this approach, there is no single approach to best respond to all situations and therefore a solution to respond to a presenting situation is determined by internal or external dimensions of the environment [7, 10]. The view is that the style of leadership should be aligned to the maturity or subordinates [7]. In other words, as subordinates grow and develop or advance in their competencies, leaders should also grow and advance in order to merge the needs and dimensions of the subordinates.

Contingency theories can address the societal developments and by demanding from a leader to also acclimatise to such developments. Earlier on we had an example of cyber bullying as one of the issues addressed by a welfare organisations. With some developments in the internet space, cyberbullying might also advance and require a leader to adopt the contingency theory in guiding the organisation to adapt to these developments. There may be certain instance in which a leader can pull out her/his authoritarian style by giving an instruction particularly in crisis situation where negotiating or accommodating subordinates' inputs will waste time. There may equally be instances wherein the presenting problem may require a leader to not only invite opinions of the subordinates, but also involve the active participation of the clients themselves. In a nutshell, circumstances under which a leader exercises leadership will determine the approach that a leader is to adopt [16].

5.1.4 Leader's virtues

The leaders' virtue is inextricably linked to character because good leadership character is built through the practice of virtues [17]. The leader's virtues hold the view that a leader has to possess certain features such as being authentic, being ethical, being responsible, being able to handle crisis and overcome them and to demonstrate adaptability, apply creativity in difficult situations [5]. These features are essential for any typical welfare organisation. Any welfare organisation will benefit from upholding high ethical standards and a sense of responsibility while at the same time adapting to societal developments when working with vulnerable groups such as victims of bullying, persons with disabilities, the older adults and others.

Although some welfare organisations such as the doctors without borders and gift-of-the-givers for instance specialises in responding to crisis situations, from time-to-time, there are crises situations in ordinary welfare organisations, that requires a leader to guide the organisation in swiftly responding to them. An example would be a case of child physical abuse presented to a child welfare organisation, which requires a leader to swiftly guide the organisation to manage such a crisis. It may also happen from within the organisation itself that certain subordinates who specialises in the presenting issues are not readily available to respond and in such situations a virtues leader should accordingly guide the organisation on how to respond.

A welfare organisation may benefit from a leader who introduces some level of creativity or innovations such as creating an impact out of limited resources particularly given the underfunding-related challenges faced by most of these organisations. The term authentic in the context of leadership means the genuine fundamental elements of a positive leadership [18]. An authentic leader provides moral compass by counteracting unethical management, promoting social responsibility and ensuring the wellbeing and development of employees [18]. Subordinates can also feel more comfortable in an organisation which is led by an authentic leader since they will be in a position to fully understand her/his position regarding what is required for realising the organisational objectives and be afforded an opportunity for growth and

development. They will also work under assurance that they are respected and being taken care of and that in cases where they have difficulties they are guaranteed of a support from their leader. An authentic leader is that leader whom you find at funerals of employees or their loved ones, delivering messages of condolences on behalf of the organisation.

Undoubtedly, welfare organisations require subordinates who are fully informed about all presenting issues to which the organisation is expected to respond and to continuously receive training on how to better respond to such issues. An organisation may for instance be required to adapt to technological development in order to ensure that employees with visual disabilities are also able to make use of technology. In such instances a leader may pull out her/his creativity and innovation virtues approach to leadership by exposing subordinates to the necessary training which is aimed at enabling them to accurately and from a technological point of view, respond to the presenting issues. To sum up, a virtues leader does find relevance of application in welfare organisation.

5.1.5 Women leadership theories

The need to prioritise women in leadership is triggered by the gender discrimination and gender inequality across many sectors of our society, particularly in leadership positions [19]. Proponents of the women leadership theories believe that men and women should understand barriers that prejudice women from assuming leadership roles and free women to assume these roles as opposed to how they are perceived [5]. This means that leaders should enable the working environment to be effective and efficient for women to also occupy leadership positions. Women's effectiveness in leadership positions is determined by their attitudes and acceptance of their leadership style in a particular context [5].

Organisations that are more tolerant and open to women's contribution in leadership can result in prosperity in their duties as leaders. By virtue of their primary aim being the promotion of social justice to vulnerable and marginalised sections of populations of whom most are women, all welfare organisations should somehow consider promoting women into leadership positions, by adopting the women in leadership theories. Women leaders may even be in a better position to steer these organisations towards a desired direction in their quest to respond to the presenting issues because they may have lived through such presenting issues themselves and may know better on how to respond to them. An organisation which seeks to respond to gender-based violence for instance may benefit from a women leader, particularly one who has lived through such experiences because she/he can lead by also drawing from her/his own experiences.

5.2 Relationship oriented leaderships

Relationship oriented leadership seeks to address job satisfaction, motivation and work-life balance among the employees [20]. The objective of leaders who adopt relationship-oriented approach to leadership is to promote support, motivation and develop or grow their employees. Although their interests are on achieving the organisational mission and objectives, they do so by prioritising support, motivation and development of employees. Under this type of leadership, one finds transformational leadership approach, power-influence leadership approach, servant leadership, leader-member exchange leadership, shared leadership, diversity, multicultural

leadership and team leadership. These approaches are introduced below, with the central argument for their incorporation into welfare organisation as part of the integrated leadership approach.

5.2.1 Transformational leadership

Transformational leadership is better known as visionary or charismatic leadership and it is future oriented and involves risk taking [2]. One of the central features of transformational leadership is the leader's ability to significantly transform both subordinates and organisations, using three main features: being visionary, the ability to identify core values and guiding people by giving purpose and using integrity [5, 6]. A transformational leader is a leader who leads subordinates by being creative in inspiring them to try more than their abilities by inventing innovative ideas [21]. Transformation leadership is realised when leaders and their followers motivate each other for the higher motivation and morality. Subordinates are motivated to do more than what is stated in the contract by focusing on their higher-level needs [21].

A question to be posed here is whether this type of leadership find relevance in a welfare organisation. Clearly any welfare organisation has a vision, mission, objectives and values upon which it is founded. One would somehow expect a leader of this organisation to be fully acquainted with the values and objectives and to develop some kind of vision regarding where the organisation is to be taken. If she/he is to attain the organisational objectives, such a leader will have to influence the *subordinate*s to somehow share her/his vision so that their activities are also geared towards such a vision. Such a leader will also have to know each of her/his subordinates' needs, values and beliefs so that she/he can motivate and inspire them towards achieving the organisational objective based on such needs, values and beliefs. She/he must make an employment setting an attractive centre for employees who will then develop a stronger sense of belonging to an extent that they do not consider performing their duties to be part of their employment contract, rather some kind of a "calling" as we normally hear.

A welfare organisation will undoubtedly benefit from this type of a leader especially because they deal with clients who are not contributing any income to these organisations because of the poor backgrounds from which they come and also do not have much of a revenue to really satisfy the employees. A welfare organisation will benefit from motivating employees to passionately go all out in assisting these client systems. Some of these organisations function purely on personnel who volunteer their services and continuous motivation may be critical for their survival. An argument can therefore be put forward that welfare organisations cannot necessarily function without a leader who is inspired and influenced by the transformative leadership approach.

5.2.2 Power-influence leadership approach

Power is the ability to exert an influence on others. Great leaders possess a clear vision to achieve their envisaged large-scale ideas as well as personal power to enact such ideas. They make use of power to attain the organisational goals [22]. According to the power-influence leadership approach, a leader needs to adopt a pragmatic behaviour in order for an organisation to succeed. A leader who leads from a power-influence approach to leadership can develop sufficient resources of power and influence in order to secure their needed support from subordinates, peers and superiors [5]. One of the proponents of this approach Pfeffer, argues that leader should refrain

from looking at the world as just and fair, and instead begin to actively develop the skills necessary to acquire and use power.

The manifestation of power in organisational leadership can take a form of legitimate power; reward power; coercive power; expert power and referent power. A legitimate power is a form of power through which a leader influences subordinates' behaviours by virtue of the position that she/he holds in an organisation. It derives from the position of authority from within the organisation. If subordinates consider the power used as legitimate, they would normally comply [22]. An instruction from a manager to a subordinate to attend an urgent case by removing a child from an environment which is considered abusive to a place of safety will for instance be considered the exercise of legitimate power and such a subordinate is likely to conform to such an instruction. A reward power manifest when a leader influence subordinates by providing them with rewards through things like pay increase or bonuses, promotions, favourable work assignments, more responsibility, new equipment, praise and recognition [22].

Regarding coercive power, a leader influences the subordinates by punishing them or creating a perceived threat of punishment. In organisational context, this form of force is used through things like reprimands, undesirable work assignments, withholding key information, demotion, suspension or even dismissal [22]. For expert power to manifest, a leader make use of her/his recognised knowledge, skills or abilities to influence subordinates into executing assigned responsibilities. Experts such as physicians, computer specialists, tax consultants, economists and others are considered knowledgeable and therefore have the capacity to exert power by virtue of their expertise [22].

Finally, referent power involves a leader's ability to influence her/his subordinates because she/he is liked, admired and respected by these subordinates. It may even be inspired by the subordinates 'desire to be like such a leader. In other words, a subordinate who may be inspired by a leader and maybe considers such a leader to be a role model is likely to execute assigned responsibilities allocated by this leader meticulously. Just like I did with all forms of leadership, the critical question to be posed is whether power-influence leadership is relevant for adoption in leading welfare organisations and in such instance I would argue that yes, it is important to consider this type of leadership in some instances of the welfare organisations and I will explain why. Firstly, the legitimate power is normally a reality in all organisations. It may even happen without the conscious knowledge of both a leader and the subordinates because by their nature, leaders are considered to possess authority and their instructions or requests are always honoured. Of course, that will depend on whether such an instruction is done within the context of the values and objectives of the organisation.

Secondly, power-influence theory finds application in welfare organisation though the reward power wherein some leaders in welfare organisations have through systems such as the performance management system, put measures for recognising positive performance through promotions which include reward by increasing the salary notch. In some instances, reward power is applied by offering an employee who executed a duty expeditiously a day-off or an equivalent kind of reward. Some elements of expert power may also have been observed particularly from leaders who specialises in specific programmes such as professors managing certain portfolios within the welfare organisations, whose instructions are often highly regarded by virtue of their expertise status.

The relevance of power-influence theory can also be supported by referent power by virtue of them merely liking such a leader either because they are inspired by such

a leader as a mentor or merely out of respect. This practice is also relevant in welfare organisations wherein several employees, especially those who are newly graduated develop some kind of admiration and draw inspiration from seniors within the organisations. The power-influence leadership approach is therefore suitable approach for welfare organisations, depending on the specific circumstances at a particular time.

5.2.3 Servant leadership

Servant leadership is at the very heart of most welfare organisations. The meaning of a servant leader emanates from the overall purpose of this kind of a leader which is to serve as opposed to lead. A servant leader's approach is that of a selfless leader. She/he leads by listening and supporting with the ultimate aim of building community [5]. The selflessness of a leader is one of the central values of a welfare organisation, which are mostly the so called non-profit organisation (NPOs). Here the passion towards nation or community building is the main driver as opposed to generating profits or any form of benefits for the organisation. Servant leaders are driven by the natural desire to serve first as opposed to your ordinary leaders whose first desire is to lead [23].

Whether a servant leadership can be an appropriate leadership approach for a welfare organisation should be considered in the context of the overall aim of these organisations which is mostly to assist people who are for whatever reason, unable to assist themselves. Factors such as the non-profit making nature of these organisations as well as their composition of staff who are sometimes volunteers should also be considered in determining whether servant leadership can be relevant. One can argue that a leader who leads these kind of organisations will also have to possess selfless values such as doing it for the goodwill of the community because their very purpose of existence is such goodwill. Her/his expectation of a payment should be superseded by the overall need to serve and contribute to society. This makes the servant leadership approach to be the relevant approach for welfare organisations along with the preceding forms of leadership.

5.2.4 Leader-member exchange theory

The leader-member exchange theory is a process approach because it focuses on the importance of the dynamic relationship between a leader and subordinates during the process of organisational existence. In the leader-member exchange theory, both the leader and subordinates are active participants [24]. The six dimensions of leader-member exchange theory are trust, liking, latitude, attention, support and loyalty [24]. In other words, there has to be some level of mutual trust between the leader and her/his subordinates and they must both like the activities that make them to interact with one another. The nature of their exchange should be voluntary and not be restrained by some kind of rules or procedures while both of their full attention and loyalty to this exchange or relationship is important and where necessary mutual support be provided.

In terms of the leader-member exchange theory, the relationship that leaders have with their *subordinate*s is critical to the success of their organisation. It is believed that if leaders and *subordinate*s develop effective relationships which in turn lead to progressive mutual influence [5]. Ideally in any organisation, leaders will from time to time engage their *subordinate*s either for the latter to be briefed on the latter's operations or for the former to guide the latter on other better ways for improving organisational practices in order to ultimately realise the vision. For welfare organisations, the leader-member exchange is particularly important because leaders need

to continuously redefine their organisational visions in light of the societal developments and then in turn update and support *subordinate*s regarding such redefined visions. S*ubordinate*s themselves may also engage the leader on a particular issue such as briefing on how a reported case was managed or on presenting plans for intervening on a presenting issue. The nature of work dynamics also shapes this leader-exchange theory like for example in situations where a subordinate lost a loved one and as a result become emotionally overwhelmed to an extent that she/he is unable to optimally execute her/his responsibilities. In such instance a leader may step in by either directly render some psychological intervention services or by referring such a subordinate for such services. The same can happen with a leader whom a subordinate can step in to see how she/he can support in situations of distress.

5.2.5 Shared leadership

A shared leadership is a type of leadership emanating from the members of a team as opposed to the appointed leader. It often involves the active involvement of the team members in the process of leadership and their fulfilment of leadership functions [25]. The shared leadership approach holds the view that leadership should be based on team work [5]. In other words, a leader who is influenced by shared leadership approach will promote a collective leadership among her/his subordinates.

A question which is to be posed in the context of this chapter is whether this type of leadership will really be necessary for a welfare organisation. I would argue that yes, it is because all activities are undertaken within the organisation should ultimately build up to its overall vision. Shared leaderships will ensure that members share this vision and values so that their efforts become well-coordinated towards an envisaged vision. It will ensure that subordinates and leaders have a very clear understanding of the vision and how it is to be realised.

5.2.6 Diversity and multicultural leadership

Diversity and multicultural leadership involve an approach to leadership wherein a leader adopts a multicultural competency such as cultural intelligence, cross-cultural communication skills, cross-cultural management of ethical issues, global mindset, and cosmopolitanism or curiosity about other different countries and cultures in order to effectively function in diverse cultural contexts [5].

Diverse and multicultural orientations among the employees or subordinates is common in organisations and a leader should clearly strive to accommodate them. She/he should accommodate them by recognising the diversity of each subordinate and achieve unity of common values and directions without necessarily causing any destruction to the uniqueness of each subordinate [26]. Such a leader will also have to be mindful of the diverse society from which the client systems come and ensure that they are also accommodated by providing the necessary accommodating leadership to her/his organisation. This kind of approach is even more important for our modern societies because cross-border interactions have become common as a result of digital revolution and the expansion of cross-border or international organisations. All of these opened space for diversity of multicultural practices which all need to be accommodated within these modern society. Some countries such as South Africa, the US and others are by their very nature culturally diverse and therefore necessitates organisations that are located or operating either physically or online in these areas to adopt this kind of approach.

6. An integrated social work approach to organisational leadership

As indicated earlier in the introduction, social welfare organisations and social workers employed in these organisations, deal with complex and dynamic social problems emanating from continually evolving human relationships. These organisations also comprise of employees with different needs, personalities and from different backgrounds. This therefore calls for a leadership approach which will fully and comprehensively respond to these dynamic and diverse situations. They require a leader who will develop different styles of leadership when the environment, the presenting problems, employees' needs and personalities as well as community and societal factors so require, while at the same time creating an enabling environment for subordinates to respond accordingly in addressing the issues presented by their client systems [2]. This section proposes an integrated approach to leadership as a suitable approach to leading a welfare organisation.

One of the central arguments purported in this section of the chapter is that an integration of all approaches to leadership is essential if welfare organisations are to effectively and efficiently respond to dynamic modern societal problems. Due to the dynamic and multifaceted nature of these problems, a leader may in one instance guide the organisation to respond to a particular part of a problem by drawing from the trait theories while in some instances a collection of leader-oriented theories may be adopted to guide an intervention. She/he may also consider adopting the women in leadership approach by "anointing" a woman to assume the position of leadership in order to address the gender imbalances and in line with societal expectations.

Thus, the need to uproot the presenting problems and to curb its further impact may in some instances call for an application of all leadership theories on the various dimensions of such a presenting problem while at the same time paying attention to the context in which such problems manifest. In other words, how a leader guides the organisation to respond will be determined by among others, the overall organisational mission, the type of personnel or subordinates that he is leading, the context of the issue presented at the time (the type of the issue (i.e. gender-based violence, sexual abuse, substance abuse etc.) or its extent (i.e. whether or not is considered a crisis). This suggest that leaders in welfare organisations should possess both qualities of leader-oriented theories and relationship-oriented theories as explained above in order to guide their organisations to respond whenever the situation requires.

An observation made by Druker is that effective leadership is characterised by eight characteristics [9]. A leader should acquire the needed knowledge in order to effectively lead. She/he should have the potential to determine what is required for the organisation and ensure that plans are put into action [9]. A leader must take a responsibility for decision making and always communicate effectively. She/he should always focus on opportunities as opposed to problems, use time and resources efficiently and encourage team approach [9]. Looking at the above features, it is clear that an effective and efficient leader should possess the knowledge, ability and competency to apply the right approach at the right time. Such a leader will have the competency to assess any presented situation and guide the subordinates on how to respond based on her/his assessment. She/he should always have her/his "tool box" readily available at hand to immediately use the correct "tool" where required.

7. Why an integrated social work approach to leadership?

In laying the ground for the significance of integrated leadership approach, it is crucial to begin by Winston and Patterson's criticism of the conventional approaches to leadership as an examination of the parts of leadership and not its entirety, despite the importance of having a full understanding of leadership. They relate this practice to the story of blind men who describe an elephant by pointing at different accurate descriptions which are all insufficient to enable a full and comprehensive understanding of this elephant (i.e. leadership) and call for a more holistic approach to leadership [26]. An integrated approach to leading a welfare organisation is essential for a number of reasons. Firstly, the main reason is for a leader to steer the organisation in such a way that it adapts to societal dynamics which are continuously evolving.

Remember the organisation exists within these societal dynamics and some are even established mainly because of these dynamics. This implies that a leader should be knowledgeable and possess the competency and capacity to read the events as they unfold that often lead to various social problems. These events maybe political, economic, social, health or even technological in nature. We have seen for example the global osmosis of the refugees fleeing economic hardships and wars to seek refuge from various countries, causing welfare organisations to respond by repositioning their programmes and activities. The scourge of Covid-19 is another example which prompted several organisations to migrate to virtual mode of operation, while others resorted to adapting by observing the necessary precautions to mitigate the spread of the virus. The nature of a presenting problem as well as the diverse and unique nature of the client systems is another layer of factors that cannot simply be undermined if a leader is to steer an organisation towards its desired mission and objectives.

Within the organisational context there are some factors that also shapes and influence the functioning of such an organisation. It could be employees who are diverse in terms of the ages, cultures, genders or even educational levels or a general lack of funding to fully respond to some of the presenting problems through relevant programmes and projects. A blanket approach to leadership will clearly not always be an option for such a diverse organisation since some employees may benefit from being guided step-by-step on how to execute certain tasks while others who may be more experienced can quickly and confidently ride on their own even without guidance. Just like the societal or community context, the organisational context is also the crucial basis upon which the organisation's leadership should be based since in responding to these societal problems, it has to mobilise its diverse capacities and resources.

In striving to realise the overall organisational mission and objectives, the leader does so by steering the organisation through the societal context and the organisational context, using the various approaches and theories that are outlined in the preceding discussion. Her/his approach can be to adopt the leader oriented or relationship-oriented leadership approach. An explanation of these two categories of theories has demonstrated that leader-oriented theories consider leaders to possess certain features that no ordinary persons possess, qualifying them to be leaders and that relationship -oriented leaders tend to consider job satisfaction, motivation and work-life balance for employees to be central to effective leadership. A central argument submitted through this text is that both leader-oriented and relationship-oriented approaches should be central to a welfare organisation in a given circumstance, hence the call for an integrated approach to leading.

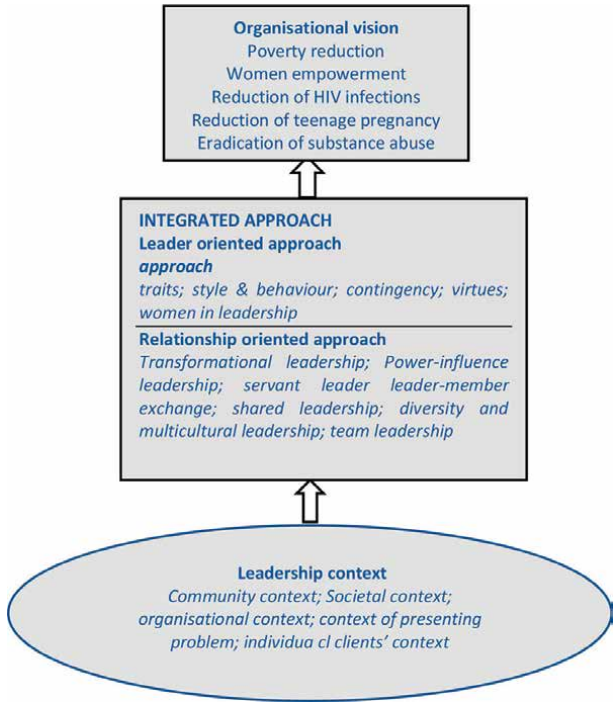

Figure 1.
Integrated approach to welfare organisational leadership.

Some of the presenting problems such as a child abuse, rape, gender-based violence and others, are prioritised and categorised as crisis cases and may require a leader to lean more on the leader-oriented theories by for instance adopting autocratic approach in order to ensure full compliance with the rules, while others such as dealing with victims of disaster may require her/him to in addition to giving instruction and prescribing the procedures, also extend some kind of support to employees who are intervening in such cases to mitigate their emotional turmoil that may emerge. **Figure 1** above outlines an integrated approach to leadership within a welfare organisation.

As outlined in the above **Figure 1**, welfare organisation is considered to exist on the basis of community/societal as well as organisational context. It is somehow influenced by the factors that happen within a society and around the communities in which they exist. They are also influenced by its own internal factors that together with the societal or organisational ones, determine the correct approach to adopt in responding to a particular presenting problem in order to eventually realise the organisational mission and objectives.

8. An ideal leader in welfare organisation operating from an integrated leadership approach: a case study

Case study: Siyasiza is an international HIV/AIDS organisation based in South Africa. It renders support services to orphans and vulnerable children whose mothers died because of AIDS-related conditions. Its services are mainly rendered in the country's rural areas due to a high demand in such areas. The staff component of

this organisation comprise employees from various tribal backgrounds and some neighbouring countries. This organisation was once presented with a case of a child with challenges pertaining to academic performance after the educators noticed that she was struggling academically as a result of the death of her mother, the only parent that she had. The problem of children who are orphaned and left vulnerable as a result of HIV is one of the main challenges and authorities consider supporting these children to be a national priority.

Upon receiving a request to intervene in this issue through her organisation Ziyanda, a leader who is also a professor in the field of child welfare identifies a junior social worker who is newly appointed to manage the case and asks her to brief her after every contact that she makes with the child. As a professor who is knowledgeable on issues of the law policy and child protection, she immediately convened an information session around the subject in view of the presenting problem with the purpose of ensuring that anyone who is allocated this case does understand the processes from both legal and policy point of view. She then appointed a team which will work with the entire family while this junior social worker is working with this particular child. The team is led by a senior social worker with 18 years of experience and who specialises in family preservation services.

Looking at the case from the perspective of integrated leadership, a leader in this organisation will be guided by the organisational aim or vision and the context in which such an organisation exists. In considering the community or societal context, she will for instance ensure that she is fully knowledgeable about the impact of HIV on these children, the existing policies and legislative frameworks that guide responses to orphans and vulnerable children. She we also have to be mindful of other existing support systems that these clients may have undergone before they present themselves for assistance to her organisation. This leader will also have to look from within her own organisation by paying attention to the individual needs of subordinates (i.e. whether or not they prefer to work with orphans and their experience in this regard) as to whether there is relevant capacity in terms of subordinates who would then intervene and their unique needs for extended support (i.e. possibility of offering debriefing once they finish).

Throughout this process, she would have applied several theories either at once or interchangeably. For example, by merely reading the context to determine the relevant/appropriate intervention approach, she would have adopted the contingency theory of leadership. Her consideration of the societal context, the unique nature of the presenting problem as well as the internal organisational context might be a reflection of diversity and multicultural approach. Her decision to appoint a junior social worker to attend the case might in some instances require her to give very clear instructions and procedures to follow under close monitoring and therefore some kind of autocratic approach. Her creation of an opportunity to engage through feedback on progress may also reflect some kind of leader-member exchange approach while her briefing on the legalities of dealing with orphans and vulnerable children as a professor might amount to some kind of power-influence approach.

9. Conclusions

The focus of this chapter was on leading a welfare organisation from an integrated leadership approach. As a foundation for this chapter, the discussion was kickstarted by an explanation of the meaning of leadership and leadership in the context of a

welfare organisation. The two categories of conventional leadership approaches namely, the leader-oriented approach and the relationship-oriented approaches were outlined with determination of their relevance and applicability in a welfare organisation. The chapter also demonstrated that indeed all approaches to leadership from the two categories are relevant for welfare organisations and that they can clearly be integrated and applied in a welfare organisation to the realisation of organisational mission and objectives. As a conclusion, a case study contextualised the text to a practice setting by outlining the practical application of the integrated leadership approach to a case study.

Conflict of interest

The author has no conflict of interest to declare.

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Chapter 10

Perspective Chapter: Social Work Education in University Curricula for Sustainable Development

Upul Lekamge

Abstract

Universities of both global North and South have been changing from the traditional teaching-learning centers to cater to sustainability issues of those countries. Yet, there is a remarkable difference between the universities in the developed and the developing world. It has been found out that the different disciplines of university curricula can be integrated to address and minimize the adverse effects of unsustainability issues. The graduates of the universities will be the future leaders who have to cater to the needs and cope with the challenges of the next generation. There is a dearth of professional social workers to provide the necessary services as numerous catastrophes occur. The global society needs individuals who are equally sound in the knowledge of theory and the experience of practice. As the contemporary global issues become complex, the world needs competent social workers who can serve in different fields of practice. Social work could be the pivotal discipline in understanding common tragedies of the people to apply problem-solving model with the practitioners who are equipped with twenty-first century skills. Social work has to take a transition from a unidisciplinary to a multi- and trans-disciplinary perspective in achieving this objective.

Keywords: problem-solving model, social sustainability, social work education, twenty-first century skills, university curriculum

1. Introduction

The chapter describes the role Social Work education could play in the university curricula to achieve sustainable development. In the second section, Social Work education is introduced. In that, Social Work is briefly introduced as a discipline. The evolution and the importance of the Social Work education have been highlighted, and the section concludes with how Social Work education has been theorized. The third section describes the different experiences of Social Work education in university curricula that can be seen in global North and South. Even though Social Work is popular in both spheres, there is a significant difference between the two. The fourth section summarizes briefly the relationship between social work education and sustainable development goals. The chapter is concluded by proving that Social Work education has not developed to play its crucial role and the relevant authorities have to take prompt action to maximize its potentials in the university system.

2. Discussion

2.1 Introducing social work education

2.1.1 Understanding social work

The importance of social work as an academic discipline and a practice-based profession would be vital in future more than in the past and present. The global definition given by the International Federation of Social Workers (IFSW) provides the foundation for further discussion [1]. Social work is a professional activity that serves the society and its people from micro, mezzo to macro levels by strengthening the capacities and capabilities of people to enrich the lives of all [2]. The social workers around the world strive to create a better living space by using the theories they have learnt in practical contexts for which they need to have a sound theoretical knowledge about the discipline that they are going to be engaged in and a thorough practice in the field settings to try out what they have learnt [3]. During the past few years, the knowledge provision of social work has been a serious concern of the academics, researchers, and policymakers around the globe [4–7].

Even though social work began initially to support the poor and the needy, a subsequent understanding directed it to be developed as a professional career [6, 8, 9]. Philanthropers, during the initial stages in the Europe and the USA, were based on a religious foundation when they were helping the poor. As time passes, they were of the opinion that the proper systematization of the charity work would serve the communities better than what they have been doing [6, 8]. When analyzing the nature of social work today, it is understood that as an academic discipline, social work has been able to deliver a superior service to different segments of society than what it was initially contributing. As an academic discipline, the universities in the developed world commenced social work study programs [4, 6, 8, 10], and then, the developing world followed the suit understanding the value creation it can add to their societies [5, 6, 11–14]. At present, different Universities, Schools of Social work, International and National Associations, Higher educational Institutes, and many other private sector institutions have begun to offer social work academic programs integrated with field work practice. These Social Work programs have been designed from the Certificate, Foundation, Diploma, Advanced Diploma, Bachelors, Masters, Masters of Philosophy, and up to the standard of Doctorates.

2.1.2 Evolution of social work education

The historical evolution of the social work education (SWE) in the developed world could be understood in relation to industrialization, urbanization, the economic crises such as the "Great Depression" and immigration [8, 9]. The main aim of the Charity Organization Societies (COSs) and the Settlement House Movements (SHMs) was to assist the needy during that time. Some of the American government's social welfare programs facilitated the introduction of Social Security Act of 1935. The Economic Opportunity Act, Older American Act, and the Food Stamps Program also directed toward satisfying the needs of the different groups of people in society [15]. Industrialization had created numerous antisocial contexts and personalities due to the pressures created on individuals. Prostitution, child labor, alcoholism, suicide, mental illnesses, and many other social evils generated by the industrialization immediately demanded the need of a discipline akin to Social Work. The immigrant

communities in the West were another concern. Inability to integrate into the systems of host communities created many issues for both the visitors and the hosts.

On the other hand, the developing world had witnessed the development of the SWE mainly through Westernization that was prompted by colonialism [6, 11, 12]. Modernization and globalization were the subsequent impacts of Western imperialism [12]. The developing world of the African, Asian and Latin American regions had their own social issues based on the plurality of those societies. Colonialism aggravated these issues and Westernization became the problem than a solution to their social, political, economic, religious, legal, educational, cultural, and other concerns [11]. Yet, the modernization process that was thrust upon the Rest by the West convinced them the solutions also can be arrived at by following the education system of the West. Social work also became one of the Western academic disciplines for them even though these indigenous, non-Western societies had been practicing social work of their own since time immemorial. With the influences of globalization, those non-Western academics who are pursuing for better, lucrative careers with social prestige and distinction found Social Work to be one of the leading professions in the contemporary context [2]. Apart from that, Social Work has become a distinctive discipline that can foster different forms of development, social policy formulation, and planning [2, 5, 11, 13].

All the above examples prove the need of the services of professional social workers and the training institutes to train them, a comprehensive curriculum to provide a unique, country-specific content, the competent professionals to conduct these training programs, and the centers of excellence to practice this new knowledge. The sub-specializations got developed in relation to the different fields of practice as time passes. It was drawing its subject matter—theory and practice—from many other disciplines such as Economics, Political Science, Sociology, Anthropology, History, and Psychology but at the same time, trying to develop its own identity as an autonomous discipline. The establishment of national level associations, publication of text books, journals, and the organizing and conducting the symposiums or conferences, the presentations of research drew the attention of the intelligentsia, the researchers, and the general public who are interested in this new discipline, Social Work.

2.1.3 The importance of social work education

During the initial stages, there were only the affluent, privileged, educated individuals and self-managed groups those who could serve in charity programs [8]. They were volunteers who had an enthusiasm and affordability to help the poor, children, war victims, and the aged. As these activities progress, it was identified that a professional training was needed to serve the concerned individuals or communities better. For example, during the World Wars I and II, the nurses and the doctors have treated the war victims, but there were many long-term physical and psychological ailments that these victims were suffering from. To help them to live their lives peacefully during their old age, the services of the expertise were needed. So, Social Work had to initiate different social work practices in different fields.

The schools, families, hospitals, prisons, elders' homes, rehabilitation centers, community-based organizations, and mental hospitals needed the services of social workers who have a specialized training. At the beginning, the Social Work knowledge and programs inevitably became a Western-oriented discipline even in the non-Western regions [6, 11, 12]. There is no harm in becoming so because the entire world was practicing the knowledge, theories, approaches, and models developed by the

Western scholars, especially, in the United Kingdom and USA [2, 12]. But as different countries have different issues, there were many competing and conflicting interests. The cultural milieu of different geographies demanded unique Social Work programs for different countries. But still the world cannot be happy to conclude that the social work programs conducted around the world are fully comprehensive and holistic [6]. There are many efforts to be made to make it a representative discipline that would satisfy the requirements of, at least, the majority of the world.

In 2019, the two leading international institutes, the IFSW and the International Association of Schools of Social Work (IASSW), have got together to finalize the Global Standards for Social Work Education and Training [16]. To realize this final document, the contributions came from 400 universities and higher educational institutes representing 125 countries. Further, there were five regional associations that contributed to make this project a success. Social work practitioners, academia, and a large number of researchers related to Social Work extended their knowledge and expertise to formulate the uniformity of this document. Since different countries have been employing diverse methods, the standardization of the Social Work practice in education and training is a timely need. When using or implementing the knowledge, the Western-oriented knowledge may not be suitable to all the other contexts.

A standardized global Social Work practice is needed due to various reasons. Even though the countries are different, the problems of the people may be the same. Therefore, the settings, the fields of practice, theories, models, approaches, techniques, skills, and ethical guidelines could have similar orientations. But, the resources available, whether human or physical, are dissimilar [6]. The structure of the education programs and the delivery methods are different. In the global South, the opportunities for continuing professional development (CPD) in the field of social work are less [5, 11, 12]. Accreditation for the institutions and courses, licensing, and the legal support for the programs are essential prerequisites [13]. The governments have to institute regulatory bodies to look into the progress of the discipline.

So, the present SWE and training has to get ready for the new inequalities that would arise and their possible after effects on humankind. The inability to achieve the sustainable development goals (SDGs), political instabilities, regular economic crises, ethnic and other forms of conflicts and gender disparities have been the critical issues of both global North and South at present. The natural disasters also have created opportunities for the social workers around the world to provide many services to the victims. Because of all these, the curriculum and the training in Social Work programs should align with the basic human rights of the world.

2.1.4 Theorizing social work education

Social Work theories inform the social workers what they should do and how they should do it when they are in their respective fields of practice. The knowledge of theory helps them how to organize their work when they work with others. Theory in Social Work curriculum has been derived from many other similar disciplines; Sociology, Economics, Political Science, Education, Anthropology, and Psychology [17, 18]. Therefore, when teaching, learning, or applying Social Work theories, the teachers and the learners, that means, the social workers, have to be aware that all these theories are nothing new. Those are the extensions or adaptations of the existing theories that have been practiced over generations. Constantly, the people, places, and the issues are changing. So, the same theory may not be applicable to different

countries even if the issue is the same. How these existing theories are prominent in the curriculum of this new discipline is the most important aspect discussed in this subsection.

Cox et al. provide an exhaustive list of social work theories that can be seen in the literature produced in relation to social work [17]. As was said earlier, most of these theories are derived from basic sociological, political, economic, anthropological, and psychological perspectives [17, 18]. Apart from that, the feminist, postmodern, and behavioral theories also have become notable approaches. When designing the Social Work curriculum, different study programs have given importance to certain theories based on their own requirements. Payne explains that the ultimate aim of the social work theories is to solve the problems of the people, empower people, and become the driver for social change [19]. In many circumstances, the social workers have to engage in qualitative studies. So, the social workers should be able to penetrate how the individuals or groups construct their world views, thus requiring the knowledge of phenomenological and ethnomethodological approaches.

The formal and informal classification used by Oko is another notable distinction [18]. The fundamental theories are the structural theories such as consensus and conflict theories. The consensus theory is related to the functionalist paradigm, whereas the conflict theory to the Marxist paradigm. The interpretivist theory is the social action theory or constructivist approach. The formal theories—empowerment approach or strength perspective, educate the social workers to understand the people's weaknesses and help them to rebuild their lives. The informal theories, on the other hand, are dependent on "word of mouth," "on-the-job training," and "common-sense" ideologies [18]. These are equally powerful at the field of practice when practicing social work by the social workers. The real world of the people should be really understood when the social workers work with them in their own environments.

3. Social work education in university curricula

3.1 The curricula in universities

Many Social Work degrees that are recognized locally and internationally are offered by the tertiary educational institutes of the country. In many countries of the world, there is an authoritative body to accredit these social work programs [6]. The international associations are there to design the global standards as to how the entire world can practice the discipline in a uniformed way [1, 6, 8]. The curricula are designed by the particular institute and then get the approval of the necessary accreditation body(ies)—regional or professional—of the country [8] while in some countries there are none [6, 12]. Highly qualified professionals are there to deliver the content to train the young minds who are interested in this field. At the preliminary level, there are foundation, certificate, diploma, and advanced diploma programs. But the popular programs are BA in Social Work, BSc. in Social Work, MA in Social Work, M.Sc. in Social Work, M.Phil. in Social Work, and Ph.D. in Social Work or Doctor of Social Work. The advanced programs have field work placements and research to prove the candidate whether s/he has the capacity to practice what s/he has learnt.

One of the basic issues is that the structure of the Social Work degree. To be eligible for the undergraduate degree, a university entrance requirement or any other similar qualification is sufficient. Most of the Bachelor's degrees are of 3 years or 4 years. There are no common curricula even though all these universities or institutes

adhere to the global standards. Most of the curricula promote a generalist practice with a limited time period for a professional training [12]. In the Master's level also the curriculum is different from institute to institute, and no uniformity in the specializations they offer. Many individuals prefer to follow Social Work degree at the Master's level after completing a Bachelor's degree in any discipline. It has been found out that the Western-oriented Social Work theories, methods, and practices have been included in the curricula of the non-Western educational institutes as well [6, 12].

Due to this in 1992, National Association of Social Workers (NASW) and the Council of Social Work Education (CSWE) decided to formulate a common curriculum for all the social work programs to follow [2]. The field work component too differs significantly. Even though there cannot be a uniformity due to each institute's unique identity, the job market has not got adjusted to the youth who are leaving universities after completing their undergraduate or postgraduate degrees [6]. The newly passed out Social Work graduates have no options other than working in NGOs and many other similar organizations. Lack of proper employment for Social Work graduates is a sheer waste of national economy as the social workers cannot extend their services to the society at large [5].

All the universities or any other educational institute that offers a Social Work study program should adhere to the global standards to maintain uniformity throughout the world [11]. Ginsberg (2005) mentions eight standards based on the 2003 version issued by the Commission on accreditation of CSWE [8]. Even though all these are equally important, the second, fifth, and the eighth standards are crucial in relation to the topic that is discussed here. The second standard is curriculum. The curriculum should adhere to the program specifications and the expectations. It should be in line with the country's educational policy, social welfare policy, social work practices, and all forms of development indices. So from one program to the next, the specializations and the relevance to the society's needs and wants should be met.

Baikady et al. are of the opinion that most of the global South curricula have not got upgraded according to the local requirements but rather rely on or heavily influenced by the Western traditions [6]. It is interesting to note that both global North and South societies are getting unprecedently diversified and fragmented, but the nature of the issues and the outcomes are totally dissimilar. Therefore, the challenge of the social work curriculum or syllabus is to cater to those pressing needs of the local communities [5]. The local universities and the relevant governmental authorities have to be ahead of the times predicting the nature of Social Work services the country needs in future.

The fifth standard is the professional development of the student who steps into the world of social work. The student who gets enrolled to any social work study program should be convinced that s/he has the necessary environment to enjoy the benefits of a CPD program structure. As we are in need of professionally sound social workers, the SWE structure of the country should ensure that guarantee. The eighth standard is about the assessment of the study programs. There should be timely revisions to the curriculum, proper assessment structure, accreditation, and licensing [6, 7].

Sewpaul and Jones have mentioned nine global standards for SWE and Training and the article, though 1 year before than Ginsberg, offer a detailed and informative discussion of the agreed standards of the collaborative effort between the IASSW and the IFSW [20]. The CSWE has introduced nine social work competencies, program mission and goals, accreditation standards for the generalist and specialist practice, implicit and explicit curriculum, faculty, administrative and governance structure,

and student evaluations in its guidelines [21]. All these provide the necessary platform for any university to design their study programs.

Ioakimidis and Sookraj who discuss the final document adopted by the IASSW and the IFSW in 2020 organize the global standards for SWE and Training under three distinctive domains: the school, the people, and the profession [16]. In this discussion of preparing the future leaders for tomorrow, SWE could immensely help to address the global sustainability issues. The schools considered in this context are the universities, tertiary educational institutes, and any other academic institute that offer SWE programs. According to the common agreement, the curriculum should be common, consistent, and regularly reviewed. The social workers should have a balance in theoretical knowledge and the on-field training. The main functions of the Social Work schools and other institutions are to empower the new social workers to enhance critical thinking skills, rational approaches to problem-solving, and a commitment to CPD. They should be given a thorough training on the ethical guidelines of the social work practice in all the possible fields of practice where they would have to serve in future [4]. Even though there could be many universal elements that can be shared in both global North and South, the contexts, peoples, and issues may not be the same. So, having a broader and in-depth knowledge in relation to context-specific, people-specific, and issue-specific is vital.

The people are the different stakeholders who are a part of the SWE. They can be the students, the teachers, the administrators, clients, and/or any other individual, group, or community that contributes toward the quality enhancement of the social work profession. The educators should have a sound knowledge and a wealth of knowledge on theory and practice. Social work schools produce the professionals to fill the dearth of professional social workers in the society. These professionals extend their services from the subnational, national, regional, to global levels [2]. The profession serves the society in two ways. While it gives an opportunity to the social workers to engage in practices, simultaneously it allows the victims or clients to find solutions for their issues. The social workers, whether they are veterans or novices, could utilize social work practices to integrate the global standards with local requirements.

3.2 The impact of social work education on society

The impact of SWE on society could be understood from many perspectives. It can be the individual, institutional, or organizational and the structural level of the society [4]. When considering the individual level, there are mainly two segments. The first is the social workers. The lecturers, students who study Social Work and the professional social workers constitute this segment. The other segment represents the clients related to different fields of practice. The ultimate aim of the SWE in university curricula is to empower the members of both these segments. While the social workers are becoming proficient and competent in their service provision, simultaneously, they make the entire society a better place for all those clients to live.

The role of the institutions and organizations from the subnational level to the global level has a tremendous influence on society. The local level village communities and community-based organizations undoubtedly play a leading role in fulfilling the needs and wants of the society at a micro level. It is the village community that identifies their issues and the needs and wants better. The organizational capacity and the leadership qualities emerging from the subnational level are a great opportunity for the university students and lecturers to exploit. The direct and indirect contribution toward the sustainability issues by the local communities is immense. They may be unaware of their exact contribution, but it is immeasurable.

Apart from that, the national level organizations—the Ministries and Departments of the country—have another significant contribution to extend. They are the policy makers and the policy implementers. To achieve the expected outcomes of the Social Work activities, a positive intervention of the government institutions is critical. So, the success or failure of them directly has a direct impact on society. The universities, in this context, should deliver the best practices with best-fit policies to strengthen the society.

In Global South, the universities are mainly funded by the respective governments. In many cases, the higher and tertiary education has become a part of social welfarism. The finances allocated should not be a burden to the national economy but an investment. Since the universities are publicly funded, the social workers are accountable to the society and its people. The international organizations [IOs], the International nongovernmental organizations [INGOs], and nongovernmental organizations [NGOs] have to extend the timely support to all the social workers to achieve the sustainability goals of each country. Through the respective mechanisms, these international institutions and organizations representing Global North can extend their commitment through finances, training, exchange programs, research and development activities, and consultancy to improve the present situation of the Global South.

The analysis of the structural elements of society has proved that the personal issues and social problems are on the rise. Even though the world boasts of development using numerous indicators, the life of the clients and the social worker is getting complicated. The challenges posed by uneven development in the globalized world have spread its tentacles in every sphere. Based on the new developments in the postmodern social realm, the problems the social workers have to cope with are also getting increased. As the challenges are anew, the social workers should be trained using updated curricula and novel training methods. The traditional leadership styles the youth leaders or social workers have developed in relation to their own social contexts are becoming invalid at present. The theoretical approaches also should have to be revised based on the contemporary developments.

3.3 Promoting leadership through university curricula

Leadership had been identified in Social Work as a prominent element and all the social workers in the institution or field should acquire, learn, and develop leadership qualities and skills to serve proper in critical times in the society. Presently, the leadership styles the social workers use could be identified through the human resources management perspective. According to Yukl and Gardner [22], leadership is

> *"the process of influencing others to understand and agree about what needs to be done and how to do it, and the process of facilitating individual and collective efforts to accomplish shared objectives" [p. 52].*

The leadership qualities of the social worker are learnt through the preliminary sessions he or she attends in classes and later learns, acquires, and develops through the different activities the learner engages in. Both formal and informal learning can take place throughout this learning process. The educational institutes that design the curriculum should take efforts to include the topics and activities to improve the leadership qualities of the learner. The NASW has codified the code of ethics that facilitate the social Work practice [23]. Accordingly, the novices in the social work

should study these six core values of Social Work profession. These are the basic guidelines on which the leadership traits are going to be enhanced.

The social workers in the field and even in in-class settings have to solve personal or social problems. Therefore, problem-solving skills, models, and approach are a must for the social worker. In understanding the issues of the people, finding the correct solutions within a short period of time independently, analyzing the pros and cons of the solutions when going to apply in personal or social contexts, and how to conduct the follow-up processes are crucial for a practicing social worker [12]. Out of the numerous skills available in social work literature, the social worker has to have almost all or majority of the skills related to communication, comprehension, critical thinking, problem-solving, presentation, negotiation, planning, resource mobilization, and listening.

Apart from that, the author suggests that the present social worker should be equipped with twenty-first century skills as well. All the stakeholders who belong to social work profession should be educated on these. There are three broad categories as learning skills (critical thinking, creativity, collaboration, and communication), literacy skills (information literacy, media literacy, and technology literacy), and life skills (flexibility, leadership, initiative, productivity, and social skills). Learning skills assist the social worker to improve his cognitive abilities to serve better in the present environment. The literacy skills make the social worker use information in a methodical manner while the life skills enable him or her to present his or her personality and its associated characteristics in an impressive way.

3.4 The challenges for professional social work in university curricula

Though many attempts have taken by the universities around the world to promote Social Work study programs through its curricula, still there are so many challenges the discipline, Social Work has to face. The most pressing issue is that many countries do not have a well-established national association to govern and monitor its Social Work processes [6, 12]. Licensing and the accreditation are two other critical concerns [6, 8, 12]. Each and every course or academic program should be accredited by a reputed local institution, and then the practitioners should have the facility to get the licensing for immediate practice after the completion of the full program. In many countries, especially in the global South, these facilities are unavailable [12]. So, the relevant authorities should systematize the profession of social work with due regard. As mentioned earlier in this article, most of the learners prefer the urban areas for learning and research rather than the rural areas. This situation grossly violates the basic principles propagated by the NASW or the IFSW. The fundamental elements such as equity, equality, justice are overlooked by the very profession that is there to safeguard those.

Baikady et al. suggest the importance of a common field work manual for the practitioners [6]. Many authors have expressed their concerns for not having enough and proper field work practice and the necessary feedback from the senior supervisors [12, 24]. The number of hours for bachelors and master's programs should be decided at the international level and a proper code of conduct for the students, supervisors, and the managers. There should be regular training and evaluation programs for the supervisors in all the fields of practice as well to upgrade the quality of supervision through a higher degree of dedication and commitment [6].

The lack of competent social work educators has been a serious concern in the global South. Most of these either migrate to the Western hemisphere or the better

countries within the region [12]. As the Third World countries have financial constraints, the state-sponsored education system is funded with minimum requirements; therefore, the funds for research cannot be found out [6, 12]. As the disciplines register a demand in the job market the Third World countries, these subjects become vulnerable to commercial aspirations [6]. Social Work also affected by that syndrome. This may be one of the reasons why Social Work does not display its actual development within the global South. Even though most freshers spend a lot of money to get a qualification, lack of accreditation, licensing, and inability to find an exact job in the job market have impacted negatively on the propagation of Social Work.

Social work at present is mainly geared toward nothing but social development [13]. The social work curriculum has been designed to make that all the stakeholders who involve in Social Work profession should take all the academic and practical initiatives to achieve the SDGs. "Development" and "sustainability" may differ from country to country, and each country may perceive development differently. According to the dire need at present, one country may presume development to be in economic terms while another country may want to achieve political development. Under any circumstance, the sustainable development would definitely bring similar sentiments to all the countries alike. As for the UN's 17 SDGs, all the countries in the world would attempt to reach all the goals with due respects.

Social Work and social workers in all the countries in all the regions have a greater role to play. How SWE could supplement the SDGs is different from country to country. Finally, all the countries would achieve the similar conditions but how each country gets there is a different strategy. After going through the empirical literature in an in-depth manner, it is noted that many writers have discussed the positives and negatives of the different ways and means the different countries are using to reach and sustain the SDGs [2–5, 11, 12, 14, 24, 25]. In summary, all these different methods are used to get the best out of the social workers to improve the situation of each society. The following examples are a testimony to understand that there is no one specific method and each country has to learn from all till it finds out what is most suitable for it.

In supplementing the SDGs, the social work students are made to get in to creative methods in and out of the classroom to perceive social and personal issues in a novel way [4], but the teacher/lecturer should have an immense capacity to set these creative opportunities in class and society. The Southern and Eastern African experience described by Mel et al. [5] provides a better picture even though there are many limitations. According to them, the developmental social work approach has provided ample opportunities for lecturers and the students who have utilized to a greater extent. Dziro examines how Zimbabwean social work has moved from a remedial approach to a development-oriented social work training even though it loses its much valued human resources to neighboring countries and the West [11]. Onyiko et al. are in the opinion that there are professional gaps that should be filled by the authorities and a more systematic approach by the professionals with well-compiled curricula can draw toward its research-based practices to the ultimate target [12].

Minzhanov et al. discuss how role plays could be utilized to empower the young social workers in the country. They have seen the curricula and the practical contexts rely on professional training through student-centered approach [14]. According to the article, a multitude of skills can be developed using role plays. Simulation-based learning [24, 25] has been another result-oriented strategy. The lecturer can create many opportunities and contexts to the learners so that they get trained to work out successfully through these imaginary situations. The unending issues for social work

profession have been discussed by Faruque and Ahmmed in a detailed manner [2]. According to them the world is unable to have a unique social development model because of the cultural differences that exist in the world. On the other hand, Papouli is optimistic about the field learning. For him the practitioners can integrate both formal and informal learning in respective field work settings [3].

4. Social work education and sustainable development goals

4.1 Social work and the SDGs in global North and South

When perusing the literature relevant to the university curricula in SWE, it was understood that there had been a remarkable difference between the developed and the developing world. Some articles were written by native scholars and some were by non-native scholars. Yet, none of them deny the inequality in resources, practices, and the curriculum structure between these two main spheres of the world. It has been a perennial question that whether the implementation of a common global standard is a myth or reality. The information was so diverse that Social Work as a discipline fluctuates between international or national and global or local. Many scholars hold the view that Ameri-centric or Euro-centric Social Work has dominated the entire world [2, 12]. One common notion is that Social Work as an autonomous discipline has not been able to address the diversity and uniqueness of different social systems of global South.

Onyiko et al. comment that the indigenous cultural traits of Kenya have been marginalized by the Euro-centric mainstream social work [12]. It was convinced that what is not native is thrust upon on local learners and practitioners. In many instances Social Work has been considered a lucrative discipline as it is emerging as a new trend, so most of the Social Work learners are conducting their research and field training in urban areas. Therefore, the adjustment to the rural communities and their problems are not easy. As the new Social Work practitioners are unfamiliar with local knowledge, they are unable to work with local communities making them "misfits" in their field placements [12].

The Swedish experience narrated by Wolmesjö is a remarkable example in the developed context how a well-experienced practitioner could rehearse new strategies. The intellectual environment to conduct novel experiments is there, and the learners are ready to engage in new techniques to integrate the Social Work knowledge [4]. The peaceful nature of the society and the forward-looking community is an added advantage. The comparison between the Indian and Australian environments portrays two opposing pictures. Australian context is ahead of the times [17], but the Indian society's catching up with new developments is a considerable achievement [6]. Even though the Indian institutes have had too many strides forward, those have to systematize their contents and the delivery further. Dziro's Zimbabwean account highlights the inadequacy of the existing curriculum and how effective the instability of social institutions on the discipline [11].

Mel has been conducting Social Work research extensively in the African context and published many articles and books to date [5, 13]. The findings denote that there is a remarkable progress against many difficulties. In Southern and East African contexts, the social workers have been fully committed, but the best practices are yet to come. The article highlights the issues related to physical, human, and intellectual constraints [5]. The lack of a database to restore indigenous literature, intra-national

and international collaboration, multidisciplinary approach, and developing a fully-fledged curriculum are the dire needs for some of the African countries [13].

A positive image can be visualized when reading the Kazakhstan experience in which the researchers proclaim that there is a constructive approach by understanding the shortcomings exist in the field of Social Work [14]. Canavera et al. present both the advantages and the disadvantages the SWE is experiencing in the West African region [26]. While some countries have made significant progresses, some others are still to improve their situation. The common shortcomings in the SWE programs are lack of uniformity in SWE programs, unclear job descriptions and legal frameworks, improper training programs, and inadequate local relevance in curricula.

5. Conclusion

In concluding the chapter, it could be noted that there are many inequalities related to social work between the global North and global South. Most of these inequalities are borne within, whereas many are the results of historical, political, economic, and cultural factors. Western colonialism and globalization have gifted many issues to global South and the respective governments and the bureaucrats have not been able to find out an -ism that suits their own societies. While it is true that globalization is irreversible, the local cultures could attempt to figure out a better solution for their issues. All the articles perused for this chapter have not shown a clear picture regarding a better future. So the following suggestions would be made to strengthen the university curricular to achieve the SDGs of the societies of global South.

First, to empower the teaching and learning context, the inter-university student, lecturer exchange programs should be commenced through local, regional, and global level. The national Social Work associations could be the main actor for arriving at a proper understanding between or among the institutes that offer Social Work study programs. Lecturers of the global South need collaborative learning and research opportunities with the lecturers and trainers who have wider experiences about global North and South. A constructive and fully fledged intervention is expected from the international institutions, INGOs, and NGOs who could assist the social work studies by providing research funds, grants for field work, assistance for publications and conferences for these institutes. There should be opportunities for industry-university partnerships so that the lecturers and students can have more opportunities to work in different fields of practice.

It has been understood that most of the Third World governments and the top-level bureaucrats have not extended their support to these educational institutes to realize the full potential of the Social Work to upgrade the lives of their people. One way to redeem the existing situation is to empower the local professional associations. The necessary physical and human resources should be provided to achieve their respective objectives. The universities and the other institutes should develop client-friendly, all-inclusive SWE through the university curricula to achieve the SDGs in a cost-effective manner. The public and private sector institutes and organizations should generate the respective employments in each field so that the properly trained Social Work graduates should not get stranded in the job market. In summary, a new international social work curriculum that can cater to the changing needs could produce a new international social worker for a better tomorrow.

Conflict of interest

The author expresses that there are no conflicts of interest regarding this work.

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Chapter 11

Perspective Chapter: Disability-Inclusive Sustainable Services – The Role of Social Workers

Augustina Naami, Rita Adoma Parry and Alfred Ofori

Abstract

Over the years, social workers have played diverse roles in engaging individuals, groups, families, communities, and organisations in their quest to promote overall well-being. However, persons with disabilities (PWDs) continue to face several challenges. The COVID-19 pandemic adds a layer to their vulnerabilities. While several interventions have been put in place to address the needs of persons with disabilities in developed countries, their counterparts in low-income countries, such as Ghana, continue to face marginalisation and exclusion. Using user-perspective and co-production approaches, we analyse existing services for Ghanaians with disabilities and the relevance and usefulness of these services. We also attempt unpack the complexities of both service providers and recipients. We conclude with strategies to help social workers develop interventions to promote sustainable disability-inclusive services.

Keywords: disability, Ghana, services, social workers

1. Introduction

The World Health Organisation estimates that more than a billion people live with some form of disability globally, representing about 15% of the world's population. The majority of PWDs live in developing countries. In Africa, it is estimated that about 10% of the population live with disabilities with the majority living in poorer regions of the continent [1]. In Ghana, getting up-to-date statistics on PWDs is a challenge as a result of the lack of well-coordinated data on the actual number of PWDs living in the country. The 2021 Population and Housing Census General Report estimates that about 2,098,138 (representing 8%) of the country's population of 30,832,019 live with some form of disabilities. It is worth mentioning that this figure represents the population of 5 years and older. This suggests that the actual prevalence rate of disability in the country could be more if data were collected on PWDs below this age. The Census data could also be underreported because PWDs are one of the hard-to-reach populations, exacerbated by prejudices and discrimination against PWDs [2].

The 2012 Human Rights Watch report states that over 5 million people in Ghana live with disabilities, a remarkable difference from the Census data. The estimate of the Human Rights Watch report collaborates with the World Health Organization's projection that disability affects 15–20% of every country's population. Five million Ghanaians with disabilities is a huge number that cannot be ignored in any developmental discourse.

Ghanaians with disabilities continue to encounter challenges, including socio-cultural, physical, information and transportation inaccessibility, which impede their inclusion and full-effective participation in mainstream society [3, 4]. These challenges impede socio-economic and political participation as well as the overall well-being of PWDs. For example, there is evidence that the challenges PWDs encounter impact their educational attainment [5], social participation, including sexual reproductive rights and marriage [6, 7], freedom to participate in political and civic life [8, 9], labour market inclusion [10–12] and access to healthcare [13–15]. The COVID-19 pandemic could increase the vulnerabilities of PWDs [16].

But what services exist to address their needs? How relevant and useful are existing services? What challenges do both service providers and service recipients experience? What strategies can social workers adopt to provide sustainable disability-inclusive services? This paper attempts to answer these questions.

2. Background to social work practice in Ghana

Social work practice in Ghana started as a welfare practice during the pre-colonial era. The family system, typically the extended family, was seen as the epitome of providing welfare services for members in need [17]. The era saw a mutual interdependence of family system, where individuals within the family (i.e., grandparents, parents, uncles, aunties, and cousins) assisted in solving individuals, families, and societal problems [17]. Post-colonial developments such as modernization and technology development saw the need for professional social work interventions, necessitating the need for professionally trained social workers in Ghana [18]. Efforts to realize this necessity was met with the establishment of the School of Social Work in 1946 at Osu, Accra, to train social workers in certificate courses and the graduates mostly work with the social welfare departments across the country. Subsequently, the University of Ghana and currently a few other universities offer diplomas, bachelors, master's in social work. It is noteworthy that the University of Ghana is the only institution that offers PhD degree in social work.

2.1 Roles of social workers in areas of disability

Social workers perform different roles to promote disability rights in Ghana. Social work practitioners in Ghana mostly work with the department of social welfare, providing case management and other services for the vulnerable populations, including persons with disabilities. Others work in institutions such as the Domestic Violence and Victims Support Unit, Ministry of Gender, Children and Social Protection, Metropolitan, Municipal and District Assemblies (MMDAs). Yet others work as special education coordinators and teachers in schools.

Also, social work educators engage in teaching and training more social workers. Over the years, social work education in Ghana has focused on training and equipping students with knowledge and skills to tackle social problems, including disability,

that require professional interventions [18]. Social work educators work in collaboration with social service providers regarding field practicum. Students do their field practicum with department of social welfare, civil society organizations (CSOs) and non-governmental organizations (NGOs) in the area of disability. Through these strategies, social work students acquire hands-on experience as well as network with these organisations [19]. Social work researchers also engage in disability research to heighten public awareness of disability issues intended at reducing discrimination and stigmatization against persons with disabilities as well as their needs.

3. Methodology

This paper reviewed existing services and regulations for and regarding persons with disabilities in Ghana. The authors used policy documents and guidelines for service provision as well as literature documenting the regulations and services. The authors also factored in their own experiences working in the field of social work. For example, the lead author, has several years' social work practice experience, working with persons with disabilities and women. The other two authors also have some social work practice experience with persons with disabilities and other vulnerable population such as children and persons with mental illness. The authors' work experiences were brought to bear on the paper.

4. Organisation of services for persons with disabilities

Persons with disabilities need both mainstream and specific services to promote their well-being [20]. The Persons with Disability Act (Act, 715) is the legal framework that promotes the rights of PWDs, providing the blueprint to respond to their challenges. Act 715 provides for the basic rights of PWDs, including the right to education, health care, employment, transportation, housing, medical rehabilitation services, access services, buildings and sporting events, festivals, and cultural activities. Section 41 of the Act establishes the National Council for Persons with Disabilities to advise the government on disability centered policies and programmes as well as to oversee the implementation of same.

Ghana has put in place programmes and services to promote the rights of the vulnerable including PWDs. These include Livelihood Empowerment Against Poverty (LEAP), District Assembly Common Fund (DACF), Community Based Rehabilitation programmes, specialized schools, and training centres [21] to promote PWDs inclusion in society.

4.1 Livelihood empowerment against poverty (LEAP)

The Livelihood Empowerment Against Poverty (LEAP) programme is a social protection programme that started in 2008. LEAP seeks to promote access to services and to increase consumption among the extremely poor and vulnerable populations with the ultimate goal of reducing poverty [22, 23]. The beneficiaries receive cash transfers bi-monthly ranging from GHS 64.00 for an eligible person, GHS 72.00 for households with two eligible members, GHS 88.00 for households with three eligible persons, and GHS 106.00 for households with four or more eligible persons per payment cycle. Payments are made via E-zwich inter-bank payment platform.

Enrollment in this programme is subjected to means-testing and demonstrated eligibility [24–26]. The LEAP outlines eligibility as:

> *"The programme covers extremely poor and vulnerable households, including orphans and vulnerable children, persons with a severe disability with no productive capacity and elderly persons 65 years and above" [27].*

But the question is, who is a *person with a severe disability with no productive capacity?* Which PWDs fall under this category? Not all those who require this service. What happens to those who are unemployed, given that most persons with disabilities in Ghana are more likely to be unemployed and/or work in menial, seasons, and marginal jobs? [10–12].

Also, LEAP is said to be one of the successful social protection schemes that aim at eradicating household poverty [26, 28]. For example, de Groot [29] in his review of Ghana's LEAP programme reported that the LEAP programme had a strong impact on fighting household poverty, particularly on certain subgroups such as PWDs. Also, the UNICEF report on the impact of the LEAP on its target population, indicates that as of December 2017, LEAP was reaching more than 213,000 poor families, including PWDs in all 216 districts of Ghana. LEAP has improved school enrollment, access to health, consumption and wellbeing among LEAP recipients. However, how many PWDs have received these services thus far? We do not know because only aggregated data is reported, which makes it difficult to know how many PWDs benefit from such programmes. Also, it would be difficult to conclude that meagre LEAP benefits could improve the well-being of PWDs who must also cater for disability-related expenses, noted to be very expensive [30].

4.2 National health insurance scheme

The National Health Insurance Scheme (NHIS) was established from the National Health Insurance in 2003 under Act 650. Act 852 replaced Act 650 in 2012 to strengthen the management and effective administration of the NHIS. The principal aim of the NHIS is to guarantee access to healthcare for all Ghanaian residents. Persons exempted from paying premium include "pregnant women, indigents, categories of differently-abled persons determined by the Minister responsible for Social Welfare, persons with mental disorder, Social Security and National Insurance Trust (SSNIT) contributors and SSNIT pensioners, persons above 70 years of age (older adults) and other categories prescribed by the Minister" ([31], p. 20). Everyone that qualifies for LEAP enrolls on NHIS. For persons with disabilities to enroll free to the scheme, they must qualify as "indigent." Regulation 58 (Section 1) of the legislative instrument (LI 1809) that operationalises the NHIS defines an *indigent* as a persons who is (a) is unemployed and has no visible source of income; (b) does not have a fixed place of residence according to standards determined by the scheme; (c) does not live with a person who is employed and who has a fixed place of residence; and (d) does not have any identifiable consistent support from another person.

The term *indigent* as stated in the NHIS policy is also vague thus, given frontline workers liberty to use their discretion to enroll who they believe is *indigent*. For example, what does it mean not to have a fixed place of residence because in Ghana many people live in their family houses or with family members? And how can PWDs who are more likely to be poor afford to pay the premium of GH₵72-approximately US$11.64?

4.3 District Assembly Common Fund (DACF)

The District Assembly Common Fund (DCAF) for Persons with Disabilities is the only intervention that specifically targets PWDs. The DCAF seeks to minimise poverty among PWDs in the informal sector [32]. The government of Ghana in 2005 gave a directive instructing all district assemblies to allocate up to 5% of their shares of the District Assembly Common Fund for PWDs. In 2007, the government in its quest to support development of PWDs, added a *ring-fencing* clause to the guidelines for the utilisation of the District Assembly Common Fund. Part I, guideline #6 of the DACF states that, "two percent (2%) shall be utilized to support initiatives by the physically challenged in the district." The government increased the required DCAF percentage to 3% in 2018. An effort hailed by everyone, especially persons with disabilities, their families and their organisation.

Ghana's initial report to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2018, indicates that approximately GH₵85.5 million Ghana cedis was disbursed to MMDAs to support persons with disabilities between 2013 and 2017 [26]. This is commendable. But the multimillion question is, how many persons with disabilities enjoyed this support and how does the DCAF for persons with disabilities meaningfully impact their lives? There is evidence that not every person with a disability who needed the DCAF support benefits, and the amount of money that beneficiaries received is inadequate and does not guarantee meaningful and sustainable impact on their lives [33]. Attitidinal and environmental barriers were identified as hindrances to accessing DCAF for PWDs.

4.4 Community based rehabilitation (CBR) programme

The CBR programme was introduced to improve the quality of life of PWDs. CBR aims at integration and equalisation of opportunities for PWDs in the community by establishing community-based programmes and rehabilitation services. CBR emphasis on community involvement, PWD should live in their own communities and get the resources required for full participation in the community [34, 35]. The programme was initially funded by the Norwegian Association of the Disabled (NAD) and the Swedish Handicap Organization from 1992 to 1999. After 1999, the United Nations Development Programme (UNDP) expanded the projected national coverage of CBR from 1999 to 2002 [36]. The CBR programme provides home-based rehabilitation services delivered by family members of PWDs, with the support of trained volunteer local supervisors. After the funding of the programme from its external donors ceased, each community was required to mobilize local community resources to support and sustain the activities of CBR programme, which has become a challenge for the continuation of CBR in Ghana.

4.5 Educational/training institutions

There are educational institutions that provide specialized services to PWDs to promote successful integration and inclusion in mainstream society. There are two specialized schools for persons with visual impairment, ten basic schools and a secondary school for persons with hearing impairment and three assessment centres [37]. For people with mental disabilities, there are seven regional mobile centres for children with learning difficulties and other development problems and nine schools for persons with mental disabilities. Boarding schools for persons with mental

disabilities in Echoing Hills and the Autism Awareness Care and Training Centre provides training for autistic children. There are 38 National Vocational Training (rehabilitation) centres across the country that serves the populace but only 10 focuses mainly PWDs.

It is noteworthy that, although these institutions do not require payment of school fees, there is anecdotal evidence that students provide most of the necessities including, toiletries, school uniforms and some food items. The assessment centres also require payment for services provided. Social workers can play diverse roles to ensure that persons with disabilities receive better services.

4.6 Social work leadership in the field of disability

Social workers can undertake different leadership roles, especially at messo and macro levels, to promote disability rights in Ghana. At the messo-level, social workers could take up leadership roles in rehabilitation teams in hospitals and community-based rehabilitation team-where they exist, community planning teams, boards of nongovernment organisations and civil society organisations working for and with persons with disabilities. At the messo level, social workers could occupy leadership positions in departments where decision making happen. Disabilities issues cut across several sectors of the society, including education, transport, healthcare, social welfare, and employment. Social workers could advice on disability inclusion and advocate for services for persons with disabilities.

At the macro level, Ghanaian social workers could engage policy decision-making, lobbying and advocacy [38]. They could lobby for effective and efficient implementation of existing policies, advocate for policies and programmes that could promote disability rights and/or for the representation of persons with disabilities in decision-making, especially on interventions and issues relating to them. Currently, there is little representation of person with disabilities on boards/committees making decisions about their lives [39].

5. Challenges of service providers and recipients

Individuals with various forms of disabilities require a range of services to address their diverse needs. Services provided to PWDs must be continuous, effectively and efficiently coordinated and transition from one stage to the other. They should range from early intervention to educational services, healthcare and rehabilitation, vocational training and access to employment, housing, support services, leisure, and mobility-related services [15, 20, 40–44]. Although the 1992 Constitution of the Republic of Ghana, Persons with Disability Act, 2006, National Disability Policy, 2000, and other frameworks lay foundation for services provision to address the needs of PWDs, the experiences of service-providers and service-users is characterised by challenges. There is no coordinated and systematic service provision for PWDs in Ghana to holistically address the numerous challenges that they encounter daily in a sustainable manner.

We will use the framework of the 5 A's of access to service proposed by Blanchet [20] to discuss these challenges. The 5 A's are Availability, Accessibility, Affordability, Acceptability and Accountability [42, 45, 46].

Regarding the Availability of services, as discussed previously, fewer interventions exist to address the needs of PWDs. Most of the available services are mainstream interventions which lump PWDs with other vulnerable populations, therefore,

making it difficult to include eligible PWDs and/or inadequately address their needs. For example, unemployed PWDs are not included in the eligibility lead criteria. How then do they provide for themselves, given that the support that they also receive from family and friends is minimal? [11]. Regarding education, there are not many schools to cater for the number of children with disabilities in Ghana. For example, one secondary school for persons with hearing impairment that admits 250 students yearly is inadequate to cater for the needs of children with hearing impairment across the country [37]. Similarly, two secondary schools for persons with visual impairment across the country is agreeably inadequate to ensure inclusion for vulnerable children with visual impairment. These schools are still relevant given the challenges facing inclusive education in Ghana.

Secondly, it is also evident that PWDs have difficulty accessing existing services due to attitudinal and environmental barriers [47–50]. Altitudinal barriers which hinder efforts for the inclusion of PWDs are rooted in Ghanaian socio-cultural beliefs, traditions, and practices, which marginalize PWDs [11, 51, 52]. Environmental barriers including, physical, transportation, information and inaccessible healthcare also persist and impede the inclusion and full-effective participation of PWDs in mainstream activities [4, 53]. Another form of accessibility challenge relates to excessive bureaucratic process, including lengthy paperwork, which most times require physical presence to determine eligibility. This situation, coupled with environmental barriers, could compound the situation of PWDs.

Thirdly, we discuss affordability. There is virtually no government programme/incentive to address the assistive devices needs of PWDs in Ghana. These devices are costly [54, 55], as well as disability-related services, such as the cost of personal assistants and accessible transportation [30]. Further, due to the challenges in government inclusive educational institutions, parents of children with disabilities enroll their children in private schools, which could be more expensive. However, currently, there is no government incentive/scholarships targeting the education of PWDs

Monitoring and evaluation of social services in Ghana is slow, and that could impact accountability. A study of the DCAF for PWDs by Ephraim et al. reported calls by the beneficiaries to increase monitoring to prevent misuse of the fund.

Service providers also encounter challenges while delivering services. Professional social work practice in Ghana is still a developing field of practice [18] and hence faces several challenges [56, 57]. Baffoe and Dako-Gyeke [18] argue that social work practice is mostly characterised with western welfare regimes [58], contrary to the Ghanaian traditional way of solving problems, which is mostly through family support and networks. Thus, social work values, principles and methods are not fully understood, and integrated into Ghanaian values and the role of social workers left vaguely to the discretion of institutions [57].

Further, government service providers, who are mostly social workers, face several challenges in the line of duty. Ghanaian social workers have several responsibilities but have inadequate resources and logistics to effectively perform their duties. Inadequate logistics could be a challenge to the provision of adequate and quality services to PWDs. Also, the lack of incentives/motivation, including opportunities for career progression could also impact service provision [59].

Despite the challenges of advancing disability rights including inadequate professional social workers at the department of social welfare agencies and financial difficulties [19] social workers continually strive to harmonize efforts and interventions aimed at providing assistance to persons with disabilities that goes beyond the capacity of families and communities [18].

6. Conclusion and recommendations

Persons with disabilities in Ghana fall behind their counterparts in other countries regarding existing services. Fewer services that are not well-coordinated exist, which are also not accessible. Access to services is key to inclusion for PWDs. Given that formal and information support for PWDs is limited, could propel them into poverty. The World Disability report asserts the association of disability and poverty. Disability-inclusive sustainable services are imperative to break the cyclical challenges that characterize the experiences of PWDs in Ghana and promote their overall well-being [50]. The following recommendations could be necessary for sustainable services for PWDs in Ghana. As evident in the paper, attitudinal barriers impede access to the few available services for PWDs. This was also reported in Ghana's initial report to the United States Convention on the Rights of Persons with Disabilities (CRPD). The report emphasized attitudinal barriers as issues impeding access to social protection, independent living, and full integration of persons with disabilities in the Ghanaian society [26, 60]. The need for social workers to increase awareness about the capabilities of PWDs at all levels (micro, mezzo and macro) is imperative.

We also recommend the involvement of PWDs in decision making at all levels, from planning through to implementation, monitoring, and evaluation. Policy makers and implementors, as well as services providers should all make conscious efforts to include PWDs at all levels of decision-making to ensure that all interventions support their rights and interests to enhance their total inclusion. They are expert knowers of their issues, and they can best proffer solutions to the challenges they encounter.

Further, since there are various forms of disabilities, each type of disability may have unique needs and, hence require unique services to address the needs. Also, some PWDs are more marginalised than others. For example, the intersection of gender and disability or ageism and disability could complicate the experiences of the individuals who falls within these intersections, women with disabilities and older adults with disabilities. We, therefore, suggest that social workers should use the lens of intersectionality of vulnerabilities to understand the unique needs of individuals who fall within several vulnerable groups and how their needs could be addressed.

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Chapter 12

Perspective Chapter: The Significance of Diversity, Equity, and Inclusion in Social Work Leadership

Marian S. Harris

Abstract

There tends to be consensus among leaders that the most significant resource of any social work organization is its staff. However, many social work organizations continuously pay little or no attention to staff diversity, equity, and inclusion. Leadership plays a crucial role in creating and sustaining a climate of diversity, equity, and inclusion in organizations. Valuing diversity, equity, and inclusion entails a process but should also be the goal of all social work organizations. Recruiting, training, retaining, supervising, and managing an organization's human resources are ongoing responsibilities primarily undertaken by social work leaders. This chapter will explore the role of leaders in creating and sustaining diversity, equity, and inclusion throughout all facets of a social work organization. A description of what it means to lead a social work organization with diversity, equity, and inclusion including qualities demonstrated by a leader in this type of organization will be provided. The significance of a metric-driven approach with clear benchmarks to measure diversity, equity, and inclusion will be explored.

Keywords: diverse leaders, diversity, equity and inclusion, organizational leadership

1. Introduction

The changing contemporary reality in which social work organizations play a key role demand that leaders shift many of the paradigms that have traditionally guided their work and professional identity regarding issues of staff diversity, equity, and inclusion. Certainly, numerous political, economic, and social factors characterize the context that these organizations and their leaders must address to remain viable and relevant today. It is crucial for leaders of social work organizations and their staff to be reflective of the diverse clientele. It is imperative for social work organizations to move beyond a simple diversity statement and do the required work to demonstrate diversity, equity, and inclusion in all parts of their organizations.

The terms diversity, equity, and inclusion are used repeatedly throughout this chapter. It is important to be clear about their meaning in the present context.

Diversity is all-inclusive and means valuing, respecting, and capitalizing on differences including race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability. Equity refers to fairness in outcomes with a clear acknowledgment of uneven/unbalanced starting points and the crucial need to correct the unevenness/imbalance. Inclusion means that people of different backgrounds feel a true sense of belonging in an organization. Employees are valued, respected, integrated, and accepted for their differences and do not feel that they need to assimilate to feel a sense of belonging in a social work organization. Although most social work organizations say they are committed to diversity, equity, and inclusion, leaders do not seem successful in developing and sustaining a culture that is diverse, equitable, and inclusive. A discussion of the role of leaders, as well as the significant qualities required for them to develop and maintain a diverse workforce but also barriers encountered along the way to inclusion and equity in social work organizations, will be presented in this chapter. The chapter will culminate by highlighting what social work leaders must do to assure that all staff are valued and respected and included in an organization regardless of their differences.

2. Valuing diversity, equity, and inclusion

2.1 Managers versus leaders

It is important to distinguish managers from leaders. A manager is one who is focused on assuring that all systems in an organization are maintained and designed to support workers in successfully completing their assigned jobs and assure positive operational functioning [1]. Managers are typically in charge of high-level factors required to run an organization. Management skills include communication, leadership, empathy, multitasking, and the ability to be detailed-oriented, problem-solver, organizeer, planner, and coordinator.

The network for social work management provides a place for educating, training, mentoring, and coaching students, managers, and leaders about social work management. This organization developed a framework with detailed competencies for successful management and leadership in public as well as private human service organizations. The competencies are delineated below.

- Established the vision, philosophy, goals, objectives, and values of the organization.
- Possesses interpersonal skills that support the viability and positive functioning of the organization.
- Possess analytical and critical thinking skills that promote organizational growth.
- Models appropriate professional behavior and encourage other staff members to act in a professional manner.
- Manages diversity and cross-cultural understanding.

- Develops and manages both internal and external stakeholder relationships.
- Initiates and facilities innovative change processes.
- Advocates for public policy changes and social justice at national, state, and local levels.
- Demonstrates effective interpersonal and communication skills.
- Encourages active involvement of all staff and stakeholders in decision-making processes.
- Plans, promotes, and models life-long learning practices.
- Effectively manages human resources.
- Effectively manages and oversees the budget and other financial resources to support the organization's/program's mission and goals and to foster continuous program improvement and accountability.
- Establishes and maintains a system of internal controls to ensure transparency, protection, and accountability for the use of organizational resources.
- Manages all aspects of information technology.
- Identifies and applies for new and recurring funding while ensuring accountability with existing funding systems.
- Engages in proactive communication about the agency's products and services.
- Designs and develops effective programs.
- Manages risk and legal affairs.
- Ensures strategic planning and organizational continuity.
- Builds relationships with complementary agencies, institutions, and community groups to enhance the delivery of services [2].

Each competency has performance indicators that can be utilized by managers and leaders for self-assessment of their skills.

In management, there are three tiers that include top level (administrative), middle level (executory), and lower level (supervisory). All organizations have a chain of command or hierarchy. Research findings have shown that middle managers play a key role in diversity, equity, and inclusion experiences of employees and their feelings of belonging in the workplace; middle managers must be involved in diversity and inclusion activities to demonstrate their interest in employees and their professional growth [3]. Several ways that organizations can involve middle managers in diversity and inclusion are as follows: modeling behaviors desired from middle managers, i.e., attending diversity, equity, and inclusion training and mentoring

diverse employees; encouraging affinity groups to ground their work in relevant organizational issues and extend an invitation to managers to attend affinity events; encouraging middle managers to sponsor affinity groups, reward middle managers who are champions for diversity, equity, and inclusion, and include DEI as part of performance evaluation; and allocating online resources to assist middle managers in addressing issues and/or challenges related to diversity, and post scorecards with measurable behavioral outcomes [3].

A high degree of emotional intelligence is the hallmark of an effective leader, according to Goleman's research of over 200 large and global companies; components of emotional intelligence are self-awareness, self-regulation, motivation, empathy, and social skill [4]. The leader as well as the organization benefit from emotional intelligence. Leadership is "the process of facilitating collective efforts to understand and influence people to realize what is to be done and how to realize the shared objective" [5]. Research has demonstrated the importance of the relationship between leadership and knowledge sharing within effective organizations [6–9]. In successful organizations, there must be good managers and good leaders. It is imperative for social work managers and leaders to adhere to the values and mission of the social work profession.

2.2 Professional standards and federal laws

Social work leaders should adhere to the Code of Ethics of the National Association of Social Workers (NASW) and comply with several federal regulations in the workplace. The NASW Code of Ethics states that "social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability" [10].

It is important for social work leaders to have knowledge of and comply with Title VII of the Civil Rights Act of 1964. Employees are protected under this federal law against discrimination on the basis of protected classes, race, color, religion, sex, or national origin. Title VII is applicable to employers in public and private sectors that have 15 or more employees and is also applicable to the federal government, employment agencies, and labor organizations and prohibits them from discriminating on any term, condition, or privilege of employment. Any individual, employed by a social work organization covered by Title VII or applying to work for that organization, cannot be denied employment or treated differently regarding any organizational decision on the basis of perceived racial, religious, national, sexual, or religious characteristics [11]. This law also prohibits differential treatment of employees based on their association with anyone who has one of the protected characteristics listed above. Leaders of social work organizations must be cognizant of the fact that Title VII prohibits employment decisions based on stereotypes or assumptions related to protected characteristics and those based on disparate treatment. Disparate treatment refers to intentional discrimination by leaders in social work or other organizations and/or employment settings.

One of the most comprehensive civil rights laws passed in Congress since 1964 is the Civil Rights Act of 1991. The Civil Rights Act of 1991 was enacted to amend parts of the Civil Rights Act of 1964 and "to restore and strengthen civil rights laws that ban discrimination in employment, and for other purposes" [12]. Although many other federal laws were applicable to employers with 15 or more employees, the Civil Rights

Act of 1991 applied to all employers and did not include such distinctions. Applicants or employees are protected from discriminatory practices based on disability, genetic information, age, pregnancy, sexual orientation, and gender identity.

The Equal Employment Opportunity Commission (EEOC) is a government agency that is responsible for enforcing federal laws against workplace discrimination, including Title VII of the Civil Rights Act, the Civil Rights Act of 1991, the Age Discrimination in Employment Act of 1967, the Equal Pay Act of 1963, Title I and Title V of the American with Disabilities Act of 1990, Sections 501 and 505 of the Rehabilitation Act of 1973, and Title II of the Genetic Information Nondiscrimination Act of 2008. All of the aforementioned laws make it illegal for an employer to discriminate or harass a job applicant or employee based on the person's race, color, sex, religion, pregnancy, national origin, age (if 40 or older), genetic information, or disability. There are also provisions in these laws that prohibit discrimination against any employee who complains about illegal conduct, files a charge with the Equal Employment Opportunity Commission, or participates in a discrimination investigation or lawsuit. The EEOC's mission is to "prevent and remedy unlawful employment discrimination and advance equal opportunity for all in the workplace" [13].

2.3 Diverse leadership in organizations

Social work leaders play a significant role in creating and sustaining a culture of diversity, equity, and inclusion in their organizations. Most leaders know that discrimination is wrong from a moral and legal perspective. A diverse workforce results in a higher level of organizational effectiveness. Diversity, equity, and inclusion should be foremost in the mind of every leader in a social work organization and must be driven from the top down and not simply the responsibility of the Human Resources department. There must be transparency and accountability by leaders. Stevens, Plaut, and Sanchez-Burks (2008) explored three approaches to unpacking the benefits of diversity and developing positive organizational change; these approaches are colorblindness, multiculturalism, and all-inclusive multiculturalism (AIM) [14]. The foundation of the colorblind approach to diversity is based on American ideas of individualism, equality, and assimilation. Individual differences are not valued. "The irony of this practice is that diverse employees are discouraged from acting and thinking in the unique ways associated with their social categories, which does not allow them to utilize fully the ways associated with their social categories, which does not allow them to utilize fully the viewpoints of their distinctive social group membership" [14]. A multicultural approach highlights diversity in the workplace as a positive factor and views differences in employees as a strength. There is often resentment and resistance in the workplace by individuals who identify themself as white and not as Black, Indigenous, or other people of color because they feel excluded when mentoring and networking opportunities are offered to members of diverse groups. Therefore, the utilization of an all-inclusive multicultural approach that recognizes and acknowledges all employees is one that is highly recommended by Stevens and colleagues [14]. Essentially the AIM approach addresses deficiencies in the standard multicultural ideology without reverting to colorblindness. Whereas AIM acknowledges that the demographic groups to which people belong to have important consequences for individuals, it also explicitly endorses this vision equally across members of all groups, including minorities. Given the pervasiveness of American values of equality and egalitarianism, which drive individualistic ideology, this equal emphasis on groups is less of a mismatch for nonminorities. Moreover, AIM

lifts perceived threats to unity that may form in reaction to multicultural policies [14]. AIM will require a culture shift for many social work organizations but one that clearly values diversity, equity, and inclusion. Social work leaders create and sustain a culture of belonging for all employees and are intentional in assuring the organization's core values clearly reflect diversity, equity, and inclusion.

2.4 Recruitment, retention, supervision, and management of human resources

There is a consensus that the most important resource of any social work organization is staff. The first step in the hiring process after obtaining approval from administration is to create a search committee. The search committee should be diverse and should be required to participate in training prior to starting their official work. Most training is focused on how to ensure a diverse pool of applicants, recognize implicit bias and engage in equitable and inclusive practices throughout the search process. Other facets of the search process include developing a job description based on the needs of the social work organization, advertising the position, developing interview questions, developing a rubric for ranking applicants, screening the pool of applicants, ranking applicants and deciding which ones will be interviewed, inviting selected top applicants to the organization for interviews, conducting the interviews, checking references, selecting the final/most qualified applicant, and making an offer to the final selected applicant. Written documents on the organization (mission and vision statements, descriptions of programs, annual reports, brochures, etc.) are disseminated to applicants who are invited to the organization for in-person interviews. Applicants should always be given an opportunity to ask questions during the interview process. The search committee must review all pertinent information about the applicants including resumes, screening documents, and feedback from all organization employees who interact with applicants. It is always prudent to make hiring decisions expediently because if there are delays in decision-making, there is a strong possibility that good candidates will be lost. After an offer is made and accepted by the preferred applicant, a formal letter of confirmation with relevant employment details is sent to this individual. It is also important to notify all applicants when the position has been filled and thank them for their interest in the position. Institutional racism, discrimination, oppressive practices, and microaggressions are still prevalent in the workplace but must never be tolerated; leaders have a responsibility to be aware of how these behaviors impact recruitment, retention, supervision, and management of human resources in the workplace.

Motivated staff will "seek out creative challenges, love to learn, and take great pride in a job well done" [15]. It is the responsibility of an organizational leader to be a manager and acquire knowledge and skills in planning, budgeting, organizing, and developing human resources. Leaders in social work organizations are responsible for their own performance as well as the performance of staff in the organization and must be attentive to morale, productivity, and job satisfaction of staff. They must also avoid implicit and explicit bias when conducting performance evaluations. Leaders should develop and maintain an equitable and inclusive system to retain staff including formal rewards that are visible and understandable, consistent and fair, targeted to individual staff or a staff team, and dispensed to reinforce [16, 17]. Leaders must set goals that will provide opportunity for diversity, equity, and inclusion in all facets of the organization that helps advance a level playing field for promotion opportunities, especially for underrepresented staff, and resources must be provided to yield lasting results in diversity leadership and inclusion efforts as well as staff recruitment and retention.

2.5 Barriers to diversity, equity, and inclusion (DEI)

Leadership is the key to diversity, equity, and inclusion in social work organizations. Leaders often profess their commitment to having a diverse, equitable, and inclusive culture in their organizations; however, their words are not usually translated into action. Three barriers that have been identified to the success of diversity, equity, and inclusion are as follows: (1) undermining of DEI initiatives by leaders; (2) detrimental attitudes of leadership; and (3) failure to elevate DEI to a business initiative including expertise, funding/resources, and tracking [18]. Primus delineates three recommendations to address the barriers to DEI success: "(1) Demonstrate support for DEI initiatives and model inclusive behaviors so the rest of the organization will follow. Leaders set the tone and can drive the culture shift by example; (2) Invite and encourage different perspectives. Meritocracy is aspirational and does not necessarily represent the experiences of underrepresented talent. Understand the difference between equality and equity; and (3) treat DEI initiatives like other business initiatives" [18]. They should be the result of strategic planning and should aim to create a better plan, company culture, or workplace performance. Make sure every DEI initiative has a dedicated leader, and put success metrics in place to track progress. DEI Metrics are used to make an assessment of outcomes and progress in an organization, assign goals and develop measures of accountability. DEI metrics include but are not limited to the following: organization demographics, employee retention, and employee turnover, demographics of job applicants, employee advancement/promotion rate, equal pay, and pay equity. These metrics can also be utilized to show where additional resources are needed to facilitate accomplishment of DEI goals.

Top leaders in social work organizations must lead diversity, equity, and inclusion efforts. There should be efforts that focus on education because with education behavior can be changed. It is imperative to track, measure, and evaluate social work organizations' progress toward achieving their stated DEI goals.

2.6 Successful diversity and inclusion strategies

Achieving success in diversity and inclusion continues to present challenges to many organizations including social work organizations. However, five strategies/tools have been identified to make organizations more diverse. First, organizations must set diversity and inclusion goals, engage in data collection and not only examine organizational change but do a comparison analysis of findings with other organizations. This information should be shared with internal as well as external stakeholders, and positive outcomes, as well as issues, must be continuously identified and stakeholders should be allowed to provide feedback [19]. Second, organizations should have several systems for addressing worker complaints such as employee assistance plans, ombuds offices, alternatives to legal grievance procedures, and transformative dispute resolution systems [19]. Third, technology in organizations should be tested for bias and discrimination when used for screening, hiring, and evaluating employees to assure fairness to diverse groups of people and test new technologies to ensure that biases are not prevalent [19]. Fourth, manger and leaders need to be cognizant of biased decision-making when individuals are members of underrepresented groups such as Black, Indigenous, or Other People of Color, and women and increase representation of individuals from underrepresented groups and provide increased opportunities and visibility for these individuals [19]. Finally, it is

imperative to involve managers and leaders at the beginning phase and all subsequent phases of development for diversity, equity, and inclusion initiatives in an organization to increase their buy-in and support for successful implementation [19].

2.7 Writing diversity, inclusion, respect, and equity (DIRE) policy statements

Organizations all across the world are faced with crisis situations/events that implore them to write and issue some type of diversity, inclusion, respect, and equity (DIRE) statement. Most of these statements are typically not well-written without any forethought and do not intend to yield positive, lost lasting, and meaningful organizational change. Consequently, organizations must decide if the intent is to develop and issue a policy statement or a response statement. Policy statements are developed to provide a roadmap or direction for an organization that is real and actionable. However, a response statement is crisis-oriented in nature and designed for protection of the organization. There is a dearth in the literature on DIRE statements. Gentle-Genitty, Merrit, and Kimble Hill (2021) promising eight-sentence model with four steps that organizations can utilize in a DIRE statement [20]. Not only is there a clear definition of diversity in their model but also the organization's commitment and plan for inclusion and equity both internally and externally is provided [20]. Organizations must engage in two activities prior to developing a DIRE policy statement; they must conduct an environmental scan and acknowledge the heavy burden of those underrepresented individuals in their organizations and not require these individuals to write their DIRE policy statement [20]. The four steps in this model are as follows: "(1) purpose, (2) position and methodology, (3) action and metrics, and (4) scope and reach of statement" [20]. The ultimate goal when an organization utilizes the DIRE model is creation of an inclusive climate with clear reporting standards, consequences for violations of standards, and protective measures designed to protect everyone, and in a climate of this type democratic citizenship prevails where everyone is continuously engaging in self-awareness and evaluation of behavior [21].

3. Conclusion

This chapter focused on the diversity, equity, and inclusion (DEI) in social work organizations and the role of leaders in developing and maintaining a climate of diversity, equity, and inclusion in their organizations. Leaders in social work organizations have an ethical responsibility not to engage in or condone any form of discrimination. It is incumbent upon leaders to make a strong knowledge regarding federal laws such as the Civil Rights Act of 1964 and the Civil Rights Act of 1991 that amended several sections of Title VII of the 1964 Civil Rights Act to strengthen and improve Federal civil rights laws and provide for the recovery of damages in Federal cases of intentional discrimination. The key to diversity, equity, and inclusion in social work organizations is leadership. Although many leaders in social work organizations say they are committed to DEI, their actions, policies, procedures, staff demographics, and practices reveal a totally different picture. A culture of diversity, equity, and inclusion starts at the leadership level and is impactful when there are intentional actions because this type of culture does not evolve organically. Organizational policy must translate into practice. Barriers will be encountered along the way; however, there are steps that can be taken to overcome barriers by changing their thought process about DEI and being proactive in the barriers they often

create, respecting, valuing, and encouraging diverse perspectives, and treating DEI initiatives to business initiatives with clear metrics to track progress and success. It is time for leaders in social work organizations to understand and realize that diversity, equity, and inclusion add much value to any organization and greatly enhance the organization's culture. Diversity, equity, and inclusion must be deeply embedded in every facet of social work organizations if they want to thrive and succeed in today's ever-changing world.

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Chapter 13

Perspective Chapter: Fostering Effective Leadership in Social Work Organisations

Stella Chipo Takaza, Diana Kanyere and Chipo Chitereka

Abstract

The need to understand theories and definitions in leadership and organizations from social work perspectives has increased worldwide. The leadership explanations and classifications have been developed to understand how social work leadership in organizations is producing favourable returns. This has been a major concern among governments, policy makers, and academics, formal and informal organizations. Social work leadership is needed by any professional organization that seeks to provide basic social services to the society. So far, many organizations including social work have been using different leadership approaches to achieve their goals and objectives which ultimately help them to motivate their employees for profit or non-profit gains. As such the chapter is based on qualitative information on different leadership models social work organizations use to expand their activities. The study findings demonstrate that there is need for much understanding on leadership approaches used to promote the growth of an organization from social work perspectives. The chapter suggests relevant leadership theories or models that could be used to enhance the full functioning of social work organizations being it local, national, regional or international the world over. The results will inform governments and social work organizations to design and apply broad organization leadership from social work perspectives that promote the growth and function of any organization.

Keywords: social work, organization, leadership, perspectives, Zimbabwe

1. Introduction to leadership in organizations

The success of an organization depends on the theories and leadership styles applied by the service institution. Torgersen [1] recommended five leadership styles commonly used in organizations which include; Authoritarian, Democracy Laizzez-faire, Bureaucratic and Charismatic where social work leaders have either to choose the power and structure approach or human relations leadership informed by appropriate theories and models. Sullivan [2] highlights that the core elements of leadership in social work are also comparable to those used in other professions and organizations. Multiple studies for example Moyo et al. explicate that organizations which have common characteristics for example purpose, structure and people tend to use leadership approaches that are dictatorial in styles as compared to those used in

spiritual organizations believed to be inappropriate for social work organizations. In pursuant of understanding leadership in social work organization, there are various increasing numbers of evolving local, national or international organizations that require approved leadership approaches of leadership for their successes free from tension and pressures. So many situations, contexts, cultures, working environments, most modern laws and regulations, information overload, organizational complexities and psycho-socio developments which remarkably impact negatively on leadership concepts thus, were making it commensurate to the changing organizational dynamics [3, 4]. In that regard, the current study is conducted utilizing appropriate approaches in social work organizations pertinent to Zimbabwe. In so doing, stratified and convenience sampling is employed to collect data in social work organization which is analysed using content analysis, themes and sub themes corresponding to the objectives. The results, discussion and conclusions are drawn from the discourse analysis.

2. The dimensions of leadership in organizations

This book chapter discusses different dimensions of leadership approaches used in social work organizations worldwide, particularly in developing countries including Zimbabwe. For this particular study, the leader is expected to have certain traits that use various leadership theories and models in organizations from social work perspectives. Basically, leadership is recognized as an enabler of well-functioning of these organizations which are concerned with social care [5]. The social work definition refers to a helping profession that enhances human growth and well-being through helping to meet the basic needs of all people, especially the poor, oppressed, and the most vulnerable [6]. In this contemporary society, the majority of social work organizations working with individuals, families, groups then require effective social work leadership theories and models which are free from conflict and tension as well as not difficult to achieve. Following this line of thought, several organizations such as Governments, the healthcare systems, Faith Based Organizations, among others recognize the potential benefits of using leadership with active support from policy and ethical practices as well as leadership qualities [5]. The bulk of social work organizations evolving from the global north and south are excited to come together and pursue a common idea and create structures and processes best suited to achieving their goals and mandates. Hence, the professional social work practice requires the practitioner to be one with adequate knowledge of human development and behavior, of social, economic and cultural institutions, and of the interaction of leadership in social work organizations. The formal and informal leadership require social workers to address the day to day social problems as they also need to understand their roles as social workers in organizations, not only what the specific tasks they have to do but however what the organization expects of its social workers [7]. The process of leadership occurs within an organization in which Torgersen [1] emphasize that the method or style of leadership may vary and will depend upon the leader, the followers and the setting.

3. The international definition of social work and organization

To foster effective leadership in social work organisations and achieve the expected retains, it is fundamental to appreciate that there are different social work definitions used in various settings. Thus it is important to adequately define social work

because it is a profession working in variety of settings that may include profit and non profit organizations or public social service agencies such as Government, Hospitals, Schools, Faith Based Organizations, Industrial settings among others. The social workers in these organizations are concerned with social problems, their causes, solutions and their impacts using different leadership theories or models. The social work as a profession in local, regional and international organizations has been significantly recognized over the past decades. As a result, the global statistics in various social work and non-social work organizations are growing the world afar and social workers in the future have been projected to increase significantly. These and other concerns have therefore called for the International Federation of Social Workers (IFSW) [8] at its General Meeting and the IASSW General Assembly to redefine social work as:

> *"A practice-based profession and an academic discipline that seeks to promote social change and development, social cohesion, and the empowerment and liberation of people. The principles of social justice, human rights, collective responsibility and respect for diversities are central to social work as underpinned by theories of social work, social sciences, humanities and indigenous knowledge's, social work engages people and structures to address life challenges and enhance wellbeing which could be amplified at national and/or regional levels".*

Following the IFSW definition, an array of Governments, national, local and Non-Governmental Organizations have been instituted and mandated to enhance the lives of individuals, families, groups and communities using various models and theories in an organization setting. Due to numerous definitions of the term organisation, it is very difficult to precisely define social work as it is not standardised in certain instances. Because of its dynamic and ever changing nature, the different writers have defined and interpreted the term in line with societal needs, business objectives or environmental changes emphasising different characteristics. Attributable to different forms of organization structures like the bureaucratic structure, entrepreneurial structure, matrix form and independent form, the study found that an organisation is not just a structure or a set of plans and processes but organisations are made up of people who interrelate with each other in carrying out roles and duties in support of the achievement of set goals and objectives. Literature substantiate that organisations are: "(1) social entities that (2) are goal directed (3) are designed as deliberately structured and coordinated activity systems, and (4) are linked to the external environment" [9]. Srivastava [10] treated an organization as "a dynamic process and a managerial activity which is essential for planning the utilization of company's resources, plant and equipment materials, money and people to accomplish the various objectives". From the above definitions an organisation can be understood as a unit that is goal oriented with human groupings that work together in creating structures and technologies that are suitable for pursuing intended goals. These organizations in that regard are requiring to using different leadership styles and models to increase motivation of its workforce and produce good returns. Mostly, studies have discovered that the complications in these organizations are that the knowledge base is purely conceptual and lacks a robust empirical basis to address the contemporary organizational social work challenges [11]. It seems to be that some structures and orientation of these organizations are dynamic which call for dynamic leadership styles. Therefore, the global definition of organizations as a unit pursues the vision and mission of the organization emphasizing only their rationality and goal-directed nature depending on the type of leadership. Thus social work challenges are managed

by engaging and re-engaging with the social work profession, its knowledge, values and skills [12]. Moreover, various professional skills and knowledge base have long been recognized as the heart of every organization including the health care services [5]). The converse is as well true that social workers particularly those from academic organizations have appeared to resist in the reduction of their struggles in the context of the growing implications in evidence-based social work best models and practice guidelines in decades. An organization as defined by Robbins and Coulter is an entity with a distinct purpose which is expressed in terms of objectives or set of goals that an organization can hope to achieve within a space of time. Even though each organization is made up of different people who work for those organizations to achieve their organizational goals, the leadership approaches in these organizations has however been viewed by Haworth et al. [5] as poorly defined.

Today, social workers are expected to function within the scope of organization structures, programs, and advantages that are offered by governmental, civic society and community players in order to guarantee quality social protection of the vulnerable individuals, families and communities. By so doing, each social worker is required to provide the welfare services under diverse regulatory mechanisms like licensure, registration, certification which are fundamental for the professionalization of the social work practice that ought to guarantee accountability. The regulatory mechanisms in that regard have numerous added advantages to the recognition of the social work professionalization that should differentiate the quality of social work and leadership from those of the non-social work organizations respectively.

4. The leadership expectation in social work organization

Generally, diverse and complex social work organizations require social workers that are both willing and able to practice dynamic and successful leadership in organizations. The social work practice as a people cantered profession or pursuit has a relatively modern origin which acknowledges that many organizations involve themselves in different and complex activities such as developmental work, humanitarian relief work; advocacy, legal, human rights, and health among others [13]. The process in social work leadership is analysed in the context of these formal and informal organizations which require social workers to use different leadership styles such as the authoritarian, democratic, laissez-faire and the charismatic leadership skills. In essence, what it means is that social work practitioners have to be willing to contribute to the effective leadership in various organizations using the required models or theories. Previous studies by Harworth et al. demonstrate that the implementation of social work leadership requests understandable and relevant as well as definition of models of practice [5]. So far, social workers have been employed in assorted organizations with varied organizational structures and objectives in which failure to exercise the acceptable theories and models result in the breakdown of the organization to dispense adequate social services. Haworth et al. [5] underscore that the significance of using effective leadership styles has been referenced by Torgersen well as a number of international organizations, scholars and reports repeating that case reviews which agree to the significance of effective leadership in organizations. Social work organizations' mandates have been to provide quality services for the people to restore or enhance their capacity for social functioning while creating societal conditions favourable to their goals using suitable leadership styles. The authoritarian leader for example will decide by him/her and the laissez-faire leader to

let the subordinates make decisions, hence take no leadership role other than assuming the position [3]. Khan [3] further proffers that the democratic leader assesses his/her subordinates and then makes the decisions. Moyo et al. [13] provides that some of the organizations are developmental in nature whilst a good number focus on different areas of specialty such as health, humanitarian work, clinical social work, schools social workers. Given the diversity and complexity of the context in which leadership is used, a number of studies have proved that inadequate use of leadership models and theories in organizations is a nagging problem which requires careful interrogation from social work perspectives.

5. Significance of leadership perspectives in organizations

Social work practice in organizations is significant and unique in that it seeks to concurrently navigate across and within macro and micro leadership approaches in order to effective address and resolve problems using appropriate leadership skills from its social work perspectives. These situations fundamentally require the leaders to choose the apt leadership styles appropriate in social work organizations reading the signs of the times in an organizational setting. For example, it has been evidently stated that multiple social work organizations focus on various activities with different groups like child adolescent, children in conflict with the law, older persons among others with some form of membership, elected leaders, full time staff members which all require different brands of leadership apt to the needs of the people. From these social work perspectives, the social work profession continues to face an unprecedented periods of challenges and uncertainties which obviously require the development of appropriate leadership capabilities at each level of the workforce and in the society [11].

Furthermore, most organizations are basically a heterogeneous group which requires effective social work leadership techniques because some exist for a variety of reasons, usually to further the political or social goals of their members or funders. Regardless of the traits of the leader, most social work organizations in various realms are launched to complement the efforts of National Governments with the purpose of improving the standard of living of the individuals, groups and communities. Earlier studies found that lack of a robust empirical foundation is a particular confront for social work leadership in such organizations which call for improvement in any perspectives ([5] in [11]). More remarkably, social work is practiced in a diversity of settings and interacts with different discourses that are dominant in its diverse fields of practice [14]. In practice, Government organizations are controlled by the state and depend on tax payers, bilateral aid, and multi-lateral aid or tied aid. However, others are operational and advocacy social work organizations which are registered, and have donor accountability, act as gap fillers of the state activities characterized by their flexibility in emergency situations moreover obtain grants per capita and voluntary sources, social work organizations. These local, national, regional and international organizations exist in various forms and sizes which require the use of appropriate leadership theories and models depending on their classification as some are operational nature while others are involved in advocacy work. Studies have shown that developing the knowledge base about social work leadership in whichever organization helps to address concerns of knowledge base being applied from outside social work practice with the associated lack of social work values [5]. Moreover, even if social work and non-social work organizations differ in terms of hierarchy, both

share similarities in that they all require some form of structures like an office and a budget as well as some form of understanding of the rightful leadership styles and theories in delivering the services. Over and above, a number of organizations have been classified as independent sector, volunteer sector; civil sector, grassroots organizations, and private voluntary organizations moreover have administrative structures and complement each other. Studies have shown that the related professions have decades, if not a century, of knowledge to utilize and yet there is a lack of leadership topics and training in social work education on the correct leadership models and theories which fails to address the profession's oversight [15].

The combination of their sources of funding to carry out their activities are availed in the form of grants per capita, loans, donations, volunteering and the lack of an empirical base which is fundamental for any social work organization can be a major challenge. The missing pedagogical content can be connected to other elements of social work practice, such as the inability to professionally advance in improving the curricula without moving into effective leadership in organization. The leader may lack 'clinical leaders' knowledge base as well as verbal abilities to drive up standards [16]. Even though social work has adopted a more momentous and holistic approach to understanding and intervening in social organizations using different leadership approaches, the profession has been blamed for starting on a more scientific footing aimed at controlling and reforming individuals. These alleged complications however require the robust leadership's ability to redirect from within the profession; presenting solutions that promote social work values, in order to be grasped by social workers on a wide scale [5].

6. Leadership gaps in social work organizations

Generally within the social work organizations, some gaps from social work perspectives have been substantial over the past decades. Due to the global complexities and diversities of the evolving organizations and resource constraints at different levels, some social workers have been seen throwing in to their failures to achieve the desired social work organization goals and objectives. In that regard, most social workers have seemed to use the wrong leadership models either used in religious fraternities or the military styles used in academy which obviously do not match with the evolving diversities and complexities of the evolving social work organizations from the onset. Moreover, it has been confirmed by Taylor [17] who observed that teaching on organizational leadership skills has been largely absent from the social work education curriculums. Thus unskilled and uninformed social workers in organizations have been operating in predicaments using inappropriate leadership brands to suit their current situation. Hafford-Letchfield et al. [6] suggest that understanding the organization's style of operation is crucial, for example, whether professionals expected to operate relatively independently or are they expected to rely heavily on the direction of their supervisors. In searching for acceptable leadership category from a social work perspectives, Harworth et al. [5] citing in Lawler and Bilson; Holosko; Perlmutter agree that there is limited attention to leadership in social work education and a potential incongruence between education for frontline practice and education for leadership. In social work organizations, leadership approaches using the leadership styles generally used in spiritual organizations and armed forces which are not appropriate for social work organizations have been alleged to create ongoing leadership tensions and pressures. Bolzan [18] citing in Alston and McKinnon [19]

affirm by calling for social work education to take some responsibility for the lack of progress in fostering healthy and effective leadership styles in social work organizations. The authors emphasize that various governing bodies have to formulate a vision that allow them to take a lead in reshaping the structures and policies of the state that would be egalitarian and open to reducing opportunities for bias, racism, and prejudice in groups and communities. Haworth et al. [5] crowned the entire saying a consistent definition, models of practice, and development opportunities throughout professional social work careers are the building blocks for success in leadership used in social work organizations. Informed by the above observations, it has been found that many questions concerning leadership style from social work perspectives have been raised many questions in social work organizations which have remained unanswered like; 1. What are the appropriate leadership models used by social work organizations in the contemporary society? 2. What are the responses by social work organizations, society, community, family and individuals that benefit from those leadership styles? 3. Which leadership styles could be used in social work organizations of this contemporary society? This book chapter seeks to discuss leadership and organization to determine proper definitions, leadership styles and theories from social work perspectives.

7. Specific objectives of the chapter

All through this chapter, the readers are anticipated to have attained much knowledge pertaining to social work perspectives on leadership and organizations with reference to:

- The existing social work definitions, theories and models on leadership and organization.
- The prospective benefits of social work leadership and organization policies that subscribe to social work theories.
- Suitable social work leadership and organization models which could be used to improve social work service delivery in the contemporary society.
- Suggest appropriate leadership attributes that could be adopted by leader's social work organizations.

8. Literature review

8.1 Leadership theories and models in organization

In today's society, the application of leadership theories and models in organizations starting from the global north to the south from social work perspectives is very important. Varieties of literatures demonstrate that there are many leadership theories and models that have been long and remained a highly elusive concept in social work organizations. The blurred lines between leadership and the social workers needing leadership makes it difficult to clearly define leadership in the social work and organization context. For example, some organizational approaches which are scientific in nature

have failed to consider the workman by however concentrating on the organizational processes gearing towards production which evidently do not resonate well in the modern social work organizations. The success of social work as a profession is contingent on the effectiveness of the leadership itself and however it is from this fact that fostering effective leadership in social work organisations using leadership theories and models in organization has been leaving a lot to be desired. However, multiple studies such as Munro [16] is of the view that leadership will be needed throughout organisations to implement the recommendations successfully, especially to facilitate the move from a command-and-control culture encouraging compliance to learning and adapting culture. These underscore the importance ascribed to leadership for improving social work practice. The desire on leadership in social work is to span the entire profession, from the education stage, where social workers are trained, all the way to the frontline in their social work practice in organizations. Kinds of literatures show that there is however, a notable incongruency between leadership education given to students and that given to social workers in practice [19–21]. Thus leadership in social work organizations is often referred to as managers or leaders, with both titles being used interchangeably. There is however a need to distinguish between the two as they differ greatly in meaning. Thus managers are often strict leaders who do things by the book i.e. is concentrating on the management process devoid of approach where human relations is of paramount significant. Under the former, organization manager plans, organizes co-ordinates and controls the subordinate social workers under authoritarian leadership style in order to achieve the tasks at hand. Thus organization managers often put emphasis on completing tasks and meeting deadlines and targets. They follow protocol and "manage" staff to make sure positive results are achieved. Leaders on the other hand, give direction, offer inspiration, build teamwork, set an example and gain acceptance among their subordinates. In that regard, social work leaders in organizations believe the title of leaders and not those of managers. Social work leaders are visionaries [22] "who act as role models and inspire practitioners in contexts of turbulence and uncertainty" [23]. As indicated earlier on, social work leadership is a process of social influence in which one person can enlist the support of others in the accomplishment of a common task [23]. Thus social work leadership in various organizations may refer to the structures within the organization through which information is relayed to the subordinates. Moreover, these ranks are often displayed in the form of an organization structure for example the bureaucratic form which shows the top, all the way to the bottom, often forming the shape of triangle. The bureaucratic leadership at the top often adopts different theories and authoritarian leadership styles used in military to effectively foster the required leadership in that particular organisation when working with the frontline social workers to achieve the goals of the organization. In contrast, the democratic leadership used in social work organizations fosters group participation to ultimately achieve the goals and objectives of the social work organization. The reviewed literature shows that some of the theories anticipated to foster effective leadership in organizations from social work perspectives are the following;

8.1.1 Transformational theory

The available literature shows that the Transformational leadership is a model of leadership that puts emphasis on bringing about change in an organization. This model resonates well with the social work profession because it harnesses the power of the individual and the potential they possess to effect change [20]. The leaders work with the frontline social workers to bring about this change. This leadership

model is also important because it focuses on the motivation of the frontline workers. Social workers all over the globe face an increasingly large workload, which adds to the tremendous amount of fatigue it presents to the workers. This fatigue has led to a great number of social workers quitting the profession. Because of this anomaly demonstrate that there is need to constantly motivate the social workers to foster effective leadership in executing the duties in an organization. Multiple studies have shown that the Transformational model is the most effective model as far as the motivation of the social workers is concerned. It transforms staff perceptions and it focuses on the collective action of the organization as a whole [2].

8.1.2 Client-centred theory

Multiple literatures show that the Client-centred leadership is grounded on the client or service user as the distinguished focus, with the motivation and job satisfaction of social workers merely acting as a means towards the desired end of meeting service users' needs and improving their life circumstances. This approach resonates with that definition of the social work profession and also on the core principles, which is client self-determination [2]. This means that there is constant communication between the social workers and the clients in order to make sure that at any given stage, the interests of the clients are put at the helm of the interaction. Within the social work profession, the client-centred approach means that the roles of client and service provider are interchanged between the leadership and the frontline workers. For example, in the situations where the frontline social workers are being audited on the results of their organizational work, the leadership assumes the role of the client and the social workers become the service provider. In that regard, there should be constant interaction between the two to ensure that the needs of the leadership are met. For instance, this could possibly be in the form of reports and other feedback mechanisms which inform the leadership on the progress of activities on the ground. Hence, the client-centred approach makes interaction between both parties a key feature and leaves little room for speculation and guesswork in an organization.

8.1.3 Participatory theory

To add on, participatory leadership is an approach that is linked to developing shared purpose and values, constant improvement and cooperative culture between leadership and the workforce. It has been observed that this approach realizes leadership not as a rigid structure, but as a dynamic practice that is distributed among the leaders and the social workers [24]. Also, this approach brings the specific situation into focus and makes the approach an influential factor regarding leadership. Even though the organization has its rigid leadership and organizational structure, participatory leadership for specific tasks is determined by the nature of the dilemma at hand. In the specific circumstances, leadership is rewarded based on one's experience and expertise. There is a considerable amount of meritocracy taken into account before deciding on leadership for a specific mission. Participatory leadership has a hand in glove relationship with social work values and has benefits in social work organisations. Participatory leadership model enhance the level of cooperation between the social workers and the leadership. It takes a bottom up approach, where any major decisions are discussed at grassroots level before being elevated to the top of the hierarchy. When such decisions are implemented, they are more readily accepted by the majority because they are a reflection of their own thoughts. The mindset and esteem

of the social workers on the ground is a highly underrated component that plays a pivotal role in the effectiveness of social work practice. The participatory approach is one that upholds the positive esteem and motivation of the social workers.

8.1.4 Situational theory

Another theory is the situational leadership approach which is a model that was developed by Hersey and Blanchard [25]. This model realizes leadership as being inseparable to situations. It views leadership as a highly dynamic force that keeps changing to match different situations. This model of leadership matches with the nature of contemporary social work. Social work is a profession that deals with people from all walks of life and the problems they face. The nature of such problems is ever changing and not set in stone. The rate at which this change takes place has increased greatly, with modern technology and globalization playing ever increasing roles. Hersey and Blanchard [25] noted that two factors come into play when considering candidates under the situational model, experience and knowledge. Experience is important because it determines whether or not an individual will be able to do their job independently and take responsibility for it. The social workers in an organization should also have adequate knowledge of what is happening here and now as well as the required skills in order to adequately perform their job. Hence it is also important for the leadership to have motivation, as they are the top of the organization. If the leadership is well motivated, there is a high likelihood that the workforce will also be motivated. Within situational leadership, four leadership styles are created, which are directing, coaching, supporting and delegating. However, even though this book chapter has only selected a few theories highlighted to foster effective leadership in social work organizations, the list is endless as there are other theories and models appropriate in social work organizations.

8.2 Methodology

8.2.1 Desk review

The current study established those organizations that are using social work methodologies using different leadership theories and models as well as carrying out a desk review to analyse secondary data on social organizations in Zimbabwe. The organizations covered by this study were; Department of Social Welfare and Development, CARITAS Zimbabwe, Plan International Zimbabwe. At the outset, a review of journals, articles, books and websites, national reports and documents on different leadership models and information from social work organizations that are using different social work leadership styles at both International, national and local levels was done. Afterwards, the survey collected data through individual and focus group interviews. Interviews were conducted with those government social work officers and International Organizations employed by the organizations using different leadership styles and models in their service delivery to individuals, families, groups and communities. The sampled organizations were sampled to provide information on the type of leadership theories and models currently used by their social work organizations. The current thinking/knowledge and available statistics of various social work organizations implementing different models were explored respectively. The sampling design was based on geographical location, meaning the organizations were representative of the social work organizations in Zimbabwe. Thematic content

analysis was used to analyse the data collected from the social work organizations and data was made available in a narrative and table or matrix format.

8.2.2 Research ethics

Research ethics and privacy were observed and all organizations voluntarily agreed to partake in the study after information was assured that it was for academic purposes. The collected data was to be kept in confidence to protect those organizations who participated.

9. Study findings and discussions

9.1 Nature of social work organizations

The study examined the nature, sizes and structures of organizations with the aim to establish the models appropriate for each organization from social work perspectives. The key findings show that social workers are employed in public, private and voluntary organisations local, national, regional and global moreover the nature of their job identifies more with the organisation than the profession to a great extent. The key findings also demonstrate that organizations have structures that require effective leadership from social work perspectives for them to implement their mandates successfully, especially to facilitate a move from a command-and-control culture or bureaucratic to encouraging compliance or democracy to the learning and adapting culture [16]. For that reason, social work organizations have outstanding contributions to make effect leadership; however, by drawing on its strong tradition and passion for service user empowerment and involvement [5]. The broad initiatives to understand social work perspectives as practiced in organizations are appreciated through understanding the different leadership styles and models used in different organizations. The study observed that various social work organizations are classified by types and can be understood by orientation and level of cooperation. These organizations by orientation for example have been identified to include charitable organizations, participatory organizations, advocacy and empowering organizations among others. The structures of social work organizations vary according to their sizes, and structures as some are locally based or community based organizations which have become more active in the rural areas. At any level however, it has been noted that social workers' leadership and organizations have been inadequately defined and understood by society for too long. Therefore, in this study, it was found lucid that understanding and paying allegiance to leadership in organizations from social work perspectives could perhaps be first achieved by calling on social workers to be captivated in the decades ahead which require democratic leadership where policies are established and decisions are made by the general populace rather than the authoritarian or laissez-faire types of leadership. So far, organizations have been inclined to practice the authoritarian or laissez-faire types of leadership styles which are alleged to be effective in military and religious organizations respectively. The obligation in social work has however been a major concern within the social work organizations because many organizations are using leadership styles which are not perfect in their service delivery for various reasons and in most cases beyond their control.

The study found that various organizations have chipped in trying to employ acceptable leadership models and approaches like democratic leadership style; closing

gaps created in social work leadership. The desk review indicate that scores of organizations have so far continued to exercise the leadership styles for example authoritarian leadership approach that a number of organizations refer to as military where decisions are made by the leader or laissez-faire Christian leadership where little leadership is necessary. The key findings basically found that operating under such diverse and complex conditions has perpetuated social workers to adjust reluctantly which some researchers have considered it a major global challenge but perhaps less noticeable in the organizations of the developed countries. Moyo et al. [13] highlight that the use of assorted leadership styles is made more complicated by complicated social problems or ills such as unpredictable political, economic, and environmental conditions that are common in developing countries with increased natural disasters such as floods, and droughts as well as socio-economic and environmental challenges which are bound to determine the quality and effectiveness of leadership used in organizations. Though organizations have not taken legal and moral obligation to implement proper leadership theories to achieve the goals and to instigate the right leadership styles in series of severe droughts, floods disasters, socio-economic and environmental hardships experienced particularly in the Southern Africa countries including Zimbabwe. Haworth et al. [5] stress that this highly developed area of knowledge and practice is an important contribution the social work profession which could possibly contribute to the conceptualizations of leadership in organizations in every service delivery systems from social work perspectives.

Through grounded qualitative method using participative discussions in various organizations, the study found that social workers practice within confinements of organisations that determine the nature of activities and tasks they carry out using the task-centred approach in providing human services. The study noted that some social workers use these different social work leadership and theories or models for example the Task-cantered model which lays emphasis on a situation where a social worker breaks down a problem into manageable tasks. Even though social work is practiced in different organisational settings, the vast majority possess unique knowledge that allows them to understand individuals, families, groups and communities within their broad social and political contexts. The situation is demonstrated through upholding and promoting values of social work (importance of human relationships, integrity, social justice, service, dignity and worth of a person and competence) and defending them through evidence based practice, policy development, capacity building, counselling and networking. Above all, the key findings confirm that the ultimate goal of social workers in an organisation is to work towards achieving the organisation goals by incorporating knowledge, values and skills acquired through professional education, experience and socialization at local, national, regional and global level.

9.2 Leadership and variable behaviours

The primary data was grounded in qualitative data which was obtained through interviews and focus group discussions with statutory and non statutory organizations. On the other hand, secondary data were collected through desk reviews; journals, articles, books and websites, national reports and documents on different leadership models and information from social work organizations using different social work leadership styles at both local, national and international levels. The primary purpose of the study was to gain an appreciation of the different leadership and variable behaviours from social work perspectives. There are leadership theories and models with different levels of variable behaviours which are directive and supportive

behaviour. In this context, different styles are used by social work organizations in accordance with the diverse levels of confidence and skills exhibited by the frontline social workers. The first stage is the directing stage, where social workers are told the tasks they are supposed to be executed and closely monitored along the way. The leadership uses high directive and low supportive behaviour. The observation was that this is commonly used for entry level social workers, who have little experience, knowledge or confidence and low motivation level. The second stage noted is the coaching style, which is also referred to as selling style. The observation was that this may be used with newly qualified social workers who are highly motivated or more experienced social workers who are new to a certain position. The leadership in the organization guides the social workers by explaining why and how decisions are made and giving attention to the workers. The communication in this instance is at a level of equals and leadership often adopts an Open Door policy, where the social workers may approach the superiors at any time. Hence, it is called the selling stage because the leadership has to sell the tasks at hand to the social workers and convince them that they are able to achieve the tasks. In addition, there is also regular constructive feedback which helps the workers to build confidence and skills.

The third model is the supporting stage, also referred to as the participating stage. This is used when the social workers have the knowledge and skills to do the task but may lack confidence or are overwhelmed by the workload. The leadership uses a low level of directive and high level of supportive behaviour. Because of their experience and skill set, the social work is able to work so the low directive behaviour is good because the leadership avoids a situation where they may be imperious to the social worker. The high level of supportive behaviour helps the social work to gain the confidence they require to be able to undertake tasks with minimal supervision. The fourth and final model is the delegating model. This is used for social workers who have the necessary skills and knowledge and also possess the will power and confidence to carry out the tasks effectively. Social workers are keen on updating the leadership on the status of their tasks and various situations they may face. For the leadership, this is the most desirable model for the social workers to be in because there is very little supervision required. Situational leadership is therefore a very effective model because the leadership assesses the social workers on an individual level and adjusts according to each specific individual. Directing, coaching, supporting and delegating are all used interchangeably when working with different social workers. Individualization is a principle that is often applied when working with social work clients [26]. Social work leadership should therefore realise that individualization also applies to the social workers themselves. By assessing them on an individual, the leadership assumes a model that brings out the best in individual social workers. This improves the efficiency of the organization and aligns it with achieving the goals of the social work profession.

9.3 Theoretical approaches to leadership in organizations

The study reviewed some of the theoretical approaches to leadership in organizations from social work perspectives. The study noted that the theoretical approaches in social work organizations are required to help the social workers understand that human beings are important with the sole purpose of fostering effective leadership that produce the services to meet the basic human needs of individuals, families, groups and society at large. These organisations use alternative theories to organizations from social work perspectives to foster effective moral work, upholding social

work values and principles that enhance people's social functioning. The professional and organisational competence in leadership is of paramount importance in both social work and non social work organizations. Mostly, teamwork and collective efforts using different leadership styles appropriate for social work organizations is deemed necessary for effective tasks and activities which lead to the achievement of its goals and objectives. In this context, the provision of organisational services and expert advice in both organizations was an indicative of an important aspect to all social work professionals. Also, within each organisation, fostering effective social work leadership as the management body has a function of constantly and continuously supporting for best ways to influence subordinates to accomplish the organisation goals and objectives [27]. The leaders achieve this by engaging in a continuous process of coordinating the human, financial and material resources using anyone of the social work theories and models. Thus any rules, policies and procedures guiding relationships and activities in an organisation are basically determined by leaders and this in turn determines the effectiveness of the organisation goals and objectives. Thus leadership in social work organisations possess professional and organisational competence and have expertise and knowledge needed across the whole organisation. For the organisation to grow and adapt to the ever changing community and societal needs and demands, social work leaders take much interest in change and innovation which eventually distinguishes them from managers that are more interested in preserving the status quo of the organisation.

9.4 Other leadership models used in social work organizations

The study as well looked at other different models used in either social work organizations or non social work organizations from social work perspectives. Thus in pursuant to the findings of various studies conducted earlier, these organizations employ different models for example the crisis intervention model and the problem solving model among others. The problem-solving approach model for example is where a social worker facilitates an individual to identify a problem, create an action plan to solve the problem and implement the solution together. The social worker and individual both discuss the effectiveness of the problem-solving model and adjust it as necessary. Although organizational roles may limit the professional identity of social workers, their commitment to the principle of social justice distinguishes them from other professionals. For this particular study, the key findings demonstrate that because of various disasters experienced by some organizations for example during severe droughts, floods disasters, extreme food shortages, Covid-19 pandemic to mention but a few, these social work organizations use different theories and leadership styles as intervention strategies. However, under those diverse and complex socio-economic and environmental hardships, the study noted that sometimes these organisations fail to foster effective social work leadership models. As a result, the majority of social workers end up being not well organised, controlled or coordinated and may end up having a non-cooperative attitude resulting in unproductive leadership models applied. Often, it is fundamental to nurture or foster effective leadership in social work organisations in order to succeed meeting the basic needs of individuals, families, groups and communities. To add on, fostering effective leadership is quite essential deriving its power from the apt theoretical approaches that can be used to sustain successful and professional delivery of human services in the face of social, economic and political environments that are continuously changing. In this respect, leaders are obliged to set optimistic goals and objectives as these are the ones taking

charge and control of the operations of an organisation towards the attainment of the intended goals and objectives.

To add on, the success of social work organisations in today's world is characterised by sophisticated technology which is increasingly and constantly changing and relies on a transformational leadership model as a means for social workers to execute theories in their social work practice. The cognitive behaviour model and the task centred model for example are also some of the models applied in organizations to address the challenges from social work perspectives. Under crisis situations like COVId-19 pandemic and forced displacement due to floods disasters, growing empirical evidence demonstrates that transformational leaders in social work organizations involves more innovative strategies to instil creativity in their subordinates, which strongly correlates with high employee satisfaction rates, productivity and decreases attrition rates. In essence, transformational leaders develop a vision that is followed by employees accomplishing the set goals and objectives of an organisation. Thus effective leadership is enhanced through appropriate leadership skills to influence and motivate employees to strengthen a positive organisation culture as well as favourable provision of employee benefits such as health care insurance, workers compensation and leave benefits among others [28]. The key findings of the desk review and qualitative data from interviews and participative discussions was obtained by re-evaluating governmental and social work organizations leadership models and the scope of social worker's responsibilities. The effectiveness of leadership in organization was also provided by reviewing academic and NGO literature to identify current thinking and analysis of critical factors and trends relevant to the leadership models in organizations prom social work perspectives whether transformational models, cognitive model, task centred, crisis intervention and extract major elements of knowledge. Again, data was accessed in journals, books, articles and websites, national reports and documents on different leadership theories and models as well as information from social work organizations that are using different social work leadership theories and models. Following this fundamental comprehensive evaluation, our study concludes that the current models have been developed and tested elsewhere but however, there is still need to develop other models suited to the locally based small organizations which are experiencing severe hardships in the form of cyclical droughts, floods disasters, socio-economic and environmental conditions unexpectedly. These key findings therefore suggest that leaders ought to have the following attributes to foster effective leadership in social work organisations from social work perspectives:

Strong leadership ability depicted in a person's behaviour, thus leaders should be role models to their subordinates. To gain trust and admiration from employees a leader must be able to produce good results and achieve the goals of the organisation and it advertently inclines their values, attitudes, beliefs and behaviour toward work values and ethics which will results in consistency in service delivery. Leaders with strong leadership qualities are also charismatic and have great influence on how workers carry out their tasks and activities in the direction of achieving the organisation goals and objectives.

Leaders to have a clear vision for the future of the organisation through investing in research and development. Research promotes evidence based practice which focuses on informing decision making based on evaluating existing research and knowledge. Essentially, leaders should organise staff development training and education programmes (workshops and conferences) where workers learn from others on effective and efficient ways of delivering human services. In addition, leaders need

to keep abreast with the contemporary needs and demands of individuals, families, groups and communities and bring to light the necessary reforms that will take the organisation into a brighter future.

Inspirational motivation is required from leaders. Leaders should encourage employees to commit to attaining the set goals and objectives of an organisation on individual basis as well as a group or team. In doing this, leaders should demonstrate enthusiasm and optimism by accelerating the flow of information and knowledge across boundaries of the organisation, thereby encouraging workplace relationships. Employees should also be motivated through giving them a provision for retreats and workplace events that create opportunities for socialisation.

Workers need intellectual stimulation which increases their innovation. Innovative leaders instil creativity in workers to encourage them to approach problems in new ways. Creativity also thrives in collaboration of ideas from people across the organisation with different backgrounds, thinking styles and expertise (for example, in a hospital setting). When workers value collective innovation diverse perspectives are captured that foster effective and efficient human service delivery.

Leaders need not be selfish. They should prioritise the individual needs of the workers, serving as mentors, advisors, advocates and coaches taking into account individual needs within a group. Catering for individual needs also requires listening and emotional control; as such leaders should develop patience and understanding as well as being accommodative to change and criticism. Good communication and transparency, in addition, cements a good relationship between the leader and individuals resulting in fostering collaboration needed for effective provision of human services.

10. Conclusions

Summing up, the study examined the effectiveness of leadership in organizations from social work perspectives. The study found that many organizations including social work organisations have been fostering effective leadership approaches using different leadership theories and models to achieve their goals and objectives to motivate their employees for profit or non-profit gains. The study engaged qualitative approach through desk review and, in-depth interviews and focus group discussions to obtain information on different leadership models used in social work organizations. The study observed significant implications in fostering effective leadership in social work organizations in which the study recommend that there is need for much understanding on leadership approaches that foster the effectiveness and growth of organizations from social work perspectives. As such, there is need to conceptualize social work and leadership models in organizations as well as using appropriate theoretical frameworks that allow additional appreciation of how social work leadership in organizations produce favourable returns. Toward this purpose, some leadership models and frameworks used in organizations in general tend to be socially and unethically unacceptable in social work organizations. This definition of social work by the International Federation for Social Workers and theoretical framework presented from social work perspectives is suggested. Therefore, implementation of social work leadership models aimed at ensuring appropriate leadership in social work organizations is needed. In pursuant of an appropriate approach, in this contemporary society, this study proposes that further evaluation and monitoring studies should be performed that promote valuable investigation to determine fitting

leadership in organizations from social work perspectives. The professional social workers and organizations can better understand the barriers to foster the effectiveness of leadership models in social work organizations being it local, national, regional or international.

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This edited volume, *Social Work – Perspectives on Leadership and Organisation*, presents a variety of perspectives and reflections from social work theories and practice on how to manage, lead and organize social work in different parts of the world. The authors share their experiences and knowledge from a variety of perspectives, focusing on education, practice, user participation, leading social work with responsibility for handling different ethical dilemmas, and organizing a sustainable and healthy work-life for both staff members and their clients. Global collaboration enables reflection on social work leadership and organization from different professional perspectives and organizational levels. The book addresses students, politicians, lecturers and researchers, practitioners, users, relatives and others who are interested in social work and want to improve their understanding of social work leadership and organization from an international perspective.

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