

Stress and Burnout in Social Workers: Perceptions of Supervision and the Role of Self-Compassion and Shame

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Thesis Portfolio Abstract

The aim of this research was to explore various potential factors related to stress and burnout in social workers. Stress is a common experience for social workers, and can have huge impacts on them, the patients they interact with and services as whole, highlighting the importance of examining this topic in more detail. A systematic review was carried out which explored the experience of supervision for social workers, focusing on what they felt had been useful. A total of 19 studies were included in this review and using a process of thematic analysis, themes were developed to describe the experience of social workers. Important aspects of supervision reported by the supervisees in this review were compared to existing literature mainly based on the views of supervisors, and differences were highlighted. An empirical study was also conducted and explored other factors related to stress in social workers, namely self-compassion and shame. An online survey, completed by 100 UK child and family social workers, explored the relationships between these factors in more detail. This empirical paper considered the importance of context-specific shame compared to shame as a general predisposition and is one of the first studies to consider this concept in social workers. The results showed that context-specific shame is important in predicting levels of burnout in this population. There were several strong relationships found between these variables and these findings are discussed with reference to the literature. Clinical implications and directions for future research are outlined.

Introduction to the Thesis Portfolio

This thesis portfolio comprises two main papers: a systematic review and an empirical paper, as well as a bridging chapter which links the two. An extended results chapter is included for further information about the empirical paper and a discussion and critical evaluation chapter considers the clinical implications of this portfolio and directions for future research.

The topic considered within this portfolio is that of stress in social workers. This is an important area to understand due to the extremely high prevalence of stress in this profession (Senreich, Straussner & Steen, 2020). Stress has been defined in the literature as an emotional and physical reaction to one or many stressors (Maslach, Jackson & Leiter, 1996). The high prevalence of stress in social workers is thought to be due to their everyday work, as well as high expectations and demands from the organisation (Caringi et al., 2017). Exposure to prolonged stress can lead to burnout, which is defined as a state of emotional and physical exhaustion (Pines & Aronson, 1988). This can cause difficulties in retaining social workers within services, as they end up feeling that they can no longer cope with the demands of their job (DePanfilis, 2006). Perhaps of even more importance is the impact of stress and burnout on levels of personal accomplishment about the level of care they are offering to clients (Kim, 2011), which can have major impacts for clients who may feel let down or receive a less than adequate service (Alazri, Heywood, Neal & Leese, 2007). Clearly there are potential negative impacts of stress for social workers, their clients and services as a whole and this will be explored in more detail within this thesis portfolio.

Clinical Psychologists are often found within leadership roles in teams, and frequently offer consultation and supervision to the workforce. In fact, many social care services are beginning to commission psychologists for this specific role. In order to provide effective and useful support to social workers in these services, it is important for our profession to

understand the demands of their job role in more detail. Clinical Psychologists are in a unique position of having knowledge of theoretical models that can be applied not only to clinical cases, but also to teams, but it is important that these models are adapted and applied accurately to specific contexts. In the case of social workers, this includes the demands of the job itself, the organisational context as well as the individual and personal factors that contribute to stress and burnout. Therefore, this thesis portfolio will examine and explore these issues in more depth, to establish potential areas for support and interventions for social workers, which may have the potential to be delivered by Clinical Psychologists.

Chapter One. Systematic Review

Prepared for submission to Journal of Social Work

(Author guidelines in Appendix A)

What Makes Social Work Supervision Useful? A Systematic Review of Social Workers'

Views

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Abstract

Summary: Supervision is a process that is widely used in social work (Beddoe & Howard, 2012). Effective clinical supervision has been associated with a range of positive outcomes (Wonnacott, 2012). These include benefits for social workers themselves (Dickinson & Perry, 2002), the clients they work with (Saltiel, 2017) and the organisation as a whole (Boyas, Wind & Kang, 2011). Many of the guidelines for effective supervision have been devised based on the perspective of supervisors and there is less empirical research conducted related to what supervisees themselves think is useful (Radey & Stanley, 2018). Recent estimates have found that nearly 50% of social workers felt they were receiving poor to adequate supervisory support (Hunt, Goddard, Cooper, Littlechild & Wild, 2016). In order to know more about this discrepancy between guidelines and reality, it is important to explore the views of supervisees and whether these align with existing research.

Findings: This review synthesised 19 papers which explored the views of social workers on what they found useful about the supervision that they have received. A thematic analysis was used to combine qualitative and quantitative results. The results found four main themes that are important to consider in supervision; organisational factors, session aspects, the supervisor and the supervisory relationship. Findings highlight some differences between supervisees' and supervisors' views of helpful supervision, such as a focus on tasks and accountability.

Applications: The results of this review have applications for clinical practice such as helping to inform the development of supervisory practice for social workers. These are discussed in more detail within the paper.

Keywords

Social work; Supervision; Useful;

What Makes Social Work Supervision Useful? A Systematic Review of Social Workers' Views

Introduction

Supervision is a process which occurs in a wide variety of job roles, particularly within health and social care (Field & Brown, 2019). It can take the form of managerial, clinical or professional supervision (Care Quality Commission (CQC), 2013). All three types of supervision can be useful, but research suggests that clinical supervision is extremely important for improving outcomes for staff, services users and organisations (CQC, 2013). Therefore, many professional bodies recommend regular clinical supervision for staff. Clinical supervision describes a range of practices, but widely involves professional development, support and space for reflection (Lynch, Hanox, Happell & Parker, 2008). There are similarities in supervision across professions (Bernard & Goodyear, 2014), although there are slight differences in the format or understanding of supervision between disciplines (Allan, McLuckie, & Hoffecker, 2017). Throughout this review, the broad term supervision is used to refer to clinical supervision rather than managerial or professional forms.

Supervision in Social Work

Supervision has always been an integral part of social work practice (Beddoe & Howard, 2012). It is mostly received through individual sessions for 60-90 minutes (Cooper, 2006; Tsui, 2004), although group and peer models are also used (CQC, 2013). Different functions of supervision have been suggested or emphasised over time, from an early focus on surveillance of practice (Munson, 1979) to more wide-ranging functions such as administration, education, support and mediation (Proctor, 1991; Morrison, 2005). Despite changes in the definition of supervision, as well as in the profession of social work as a whole, the importance of supervision has been maintained (Phillipson, 2009). Supervision

has been further prioritised since the publication of the Munro report (2011), which highlighted the importance of supervision for maintaining professional standards. This report was commissioned to review the child protection system within England following a series of high-profile child deaths, including that of Baby Peter in 2007. It found that in many of these cases, inadequate supervision was highlighted as a contributing factor to the unfortunate outcome (Munro, 2011). Since this time, supervision has been more closely scrutinised and enforced, with numerous professional bodies publishing guidelines on its administration (CQC, 2013).

Impact of Supervision

Clinical supervision can have far reaching impacts (Wonnacott, 2012), being cited as one of the most important determinants of positive outcomes for staff, patients and for an effective service (Skills for Care and CWDC, 2007). There is evidence for an association between supportive supervision and a range of positive outcomes for workers including increased job satisfaction and morale (Mor Barak, Travis, Pyun & Xie, 2009), improved practice skills (Little, Baker & Jinks, 2018), and reduced emotional exhaustion (Cohen & Gagin, 2005). With positive impacts such as these, retention of social workers is also increased (Ellett & Millar, 2004), by mitigating intent to leave (Boyas, Wind & Kang, 2011; Carpenter et al., 2012). This leads to a higher chance of retaining high quality and experienced social workers (Ellett, Ellis, Westbrook, & Dews 2007), ultimately improving the overall service received by clients (Mor Barak et al., 2009). Research has suggested that when social workers receive good quality supervision clients' wellbeing can be improved (Boyas et al., 2011; Saltiel, 2017) and that the therapeutic relationship can be strengthened (Bambling, King, Raue, Schweitzer & Lambert, 2006).

In contrast, poor supervisory support has been associated with feelings of isolation (Hunt, Goddard, Cooper, Littlechild & Wild, 2016; Sweifach, 2019), a lack of confidence in

clinical work, (Scott, 1999) or feeling criticised and scrutinised (Little, Baker, & Jinks, 2018). As mentioned above, in many unfortunate cases of child deaths, poor supervision or a lack of supervision has been highlighted as a contributing factor (Brandon et al., 2012). Due to the demanding nature of the job role, social workers can face making quick decisions in a short timescale, which can lead to a lack of time for reflection (Broadhurst et al., 2010). Supervision can mitigate this by providing space to consider alternative options (Helm, 2011) and reduce the necessity to act based on inherent biases and quick judgements (Devany & Spratt, 2009).

Contributing factors to good quality supervision

While research findings suggest that receiving good quality supervision is important within social work, a further area which warrants exploration relates to what aspects of supervision contribute to its usefulness. A range of factors have been found to be associated with the usefulness of social work supervision including content of the session (Laming, 2009), the supervisory relationship (Bogo & McKnight, 2006) and attributes of the supervisor (McPherson, Frederico & McNamara, 2015). Supervision focused on reflection and support (Laming, 2009), with the promotion of client-centred thinking (Pecora, Whittaker, Maluccio, & Barth, 2000) has been found to be important. Also useful is a clinical supervisor with good leadership and communication skills (York & Denton, 1990) and a solid theoretical knowledge base (Rushton & Nathan, 1996), as well as someone who is approachable and available (Kadushin & Harkness, 2002), and a role model demonstrating honesty and integrity (Hensley, 2003). These factors contribute to a supportive and successful supervisory relationship, which is often highlighted as the single most important aspect of supervision in social work (Hensley, 2003; Bogo & McKnight, 2006). This relationship is thought to be particularly important due to parallel process, whereby the process occurring between a social worker and a client is reflected between the worker and their supervisor (Williams, 1997).

Therefore, maintaining a positive supervisory relationship may have helpful influences on a worker's sessions with clients (Kadushin & Harkness, 2002; Shulman, 2010). Finally, as supervision occurs within the context of a wider organisation, it is important to note that good quality supervision is more likely to take place in an organisational culture that promotes and encourages all aspects of supervision (Davys & Beddoe, 2010; Vito, 2015), rather than solely focusing on performance management (Hoge, Migdole, Cannata, & Powell, 2014).

Unsurprisingly, professional bodies are aware of this research evidence, and guidance is published about what social workers should receive (Carpenter & Webb, 2012). However, recent estimates suggest that up to 50% of workers report receiving poor to adequate supervision (Hunt, et al., 2016). Studies agree that the supervision described in professional guidance may not be what happens in practice (Radey & Stanley, 2018). Therefore, despite a clear evidence base and guidelines set out by professional bodies, it is important to understand why there appears to be a discrepancy between this and what social workers actually receive.

One potential factor may be that there is a lack of training for social work supervisors (Hair, 2013; Wuenschel, 2006), which may lead to individuals in positions of supervisory positions who do not feel equipped for the job. Supervisors may not be trained in and therefore not delivering supervision as suggested from guidance or previous research. An additional aspect related to this discrepancy may be the state of the current evidence base. Much of the research conducted into social work supervision is correlational and based on child welfare services in the United States (US), meaning the empirical basis for supervision in UK social work is weak (Carpenter & Webb, 2012). Additionally, much of the research is concerned with the supervision of students (Schmidt & Kariuki, 2019) or explored from the perspective of the supervisor. There is a lack of empirical research describing qualified social workers' own perceptions of supervision (Radey & Stanley, 2018; Baretta-Herman, 2001). It

is likely that supervisors, organisations and supervisees may hold different views about the relative importance of different aspects of supervision. For example, with a changing focus in social work towards risk aversion in a fast-paced environment (Lietz, 2009), supervision has been found to have a more administrative function (Beddoe, 2010), which is viewed as more important by supervisors than by supervisees (Lietz, 2009). Therefore, it may be that guidance regarding social work supervision may be more aligned with students' and supervisors' views, leading to a discrepancy in reported usefulness by social workers themselves. Some recent research suggests that there is now a general consensus within social work regarding the useful aspects of supervision which is based on this previous research, and that this may suppress further research and development in this area (Beddoe & Wilkins, 2019).

In addition, accountability and monitoring of competence are important aspects of the job role of a social worker (Clare, 1988), particularly within the context of increasing privatisation and contracting of services to external agencies (Baines, Charlesworth, Turner and O'Neill, 2014). This has led to a focus on performance outcomes, and this has been suggested to have impacted on supervision practice by emphasising these aspects within sessions (Schmidt & Kariuki, 2019). However, Clark et al (2008) suggested that good quality supervision must go beyond this simple function, and balance the competing demands from different stakeholders in the supervisory relationship (Pecora et al., 2000). It is possible to create collaborative supervision which meets the needs of all involved (Egan, Maidment & Connolly, 2016), but to do so it is important to understand the views of each group. Therefore, the aim of this review is to synthesise studies which explore the views of social work supervisees of what is useful about supervision for their wellbeing and their professional work. The results of this review can be compared to existing literature and guidance from professional bodies, to highlight areas of agreement or disagreement. By

combining the results of existing empirical studies examining supervisee's views, clearer conclusions can be drawn about the aspects of supervision that they view as the most important, in order to contribute to the current lack of clear empirical evidence in this area (Radey & Stanley, 2018). This may also provide recommendations about the skills that are important to include in supervisory training.

Methods

The protocol for this systematic review was developed in line with PRISMA guidelines and was registered at PROSPERO (28/06/2019, ID: CRD42019134964). This ensures that the research process was transparent, with the objectives, methods and process of data analysis being published.

Search strategy

In total, 31 databases were searched using an EBSCO host, including PsycINFO, MEDLINE, Scopus, Science Direct, JSTOR Journals, PsycARTICLES, Social Sciences, CINAHL, and ERIC. The full list of databases searched can be found in Appendix B. Initial scoping searches highlighted initial search terms and were used in developing the final terms. The final search terms were (1) social work* AND (2) supervis* AND (3) experience* OR perception* OR perspective* OR attitude* OR view* OR feel*.

Eligibility criteria

The following criteria were applied when assessing inclusion into this study: (1) The topic of interest was social work supervision; (2) participants were social workers; (3) social workers were qualified; (4) exploration was from the perspective of the supervisee; (4) qualitative, quantitative and mixed-method studies; (5) published in English; (6) peer-reviewed; (7) supervisee's views were presented separately; (8) published within the last 10 years. This was chosen due to changes in social work supervision following the Munro report (2011) and the prioritisation of supervision in practice. Studies were excluded if they were:

(1) focusing on other aspects of the social work profession; (2) participants were other professionals; (3) participants were students; (4) exploration was from the perspective of the supervisor only; (5) not an empirical study; (6) not published in English; (7) no separation of supervisee's views from other groups; (8) older than 10 years since publication. At each stage of the review, the number of studies excluded was recorded. Reasons for exclusion were recorded from the title/abstract and full-text stages. Studies conducted in all countries were included as social work job roles are similar internationally, so a consensus of valued aspects across all countries will be useful. Furthermore, the number of studies within each country was very small, so by pooling studies internationally, more papers could be included.

Study selection

Following the initial search, 6,521 studies were returned for review. 444 were removed due to not being published in English, leaving 6,077. Duplicates were removed (by the system =1706 removed; by hand =1613 removed) leaving 2758 studies. Study selection then proceeded through a number of stages; the title and abstract of each paper was screened by the Chief Investigator to identify whether the study met the inclusion criteria. If it remained unclear, studies were included to be read in full. During this stage, 2681 studies were removed for reasons including not being empirical papers (n = 46), participants were students (n = 44), only from the supervisor's perspective (n = 1), or were irrelevant to the topic (n = 2548). A sub-section (20%) were screened by a second researcher to ensure consistency of study selection and any discrepancies rectified. 2681 studies were excluded at this stage, leaving 77 studies. Studies were read in full by the Chief Investigator and decisions made using the inclusion and exclusion criteria. 19 papers were found to be suitable for inclusion in the review and 58 studies were excluded. The reasons for exclusion varied and are included in a PRISMA flowchart (Moher, Liberati, Tetzlaff & Altman, 2009) in Figure 1.1.

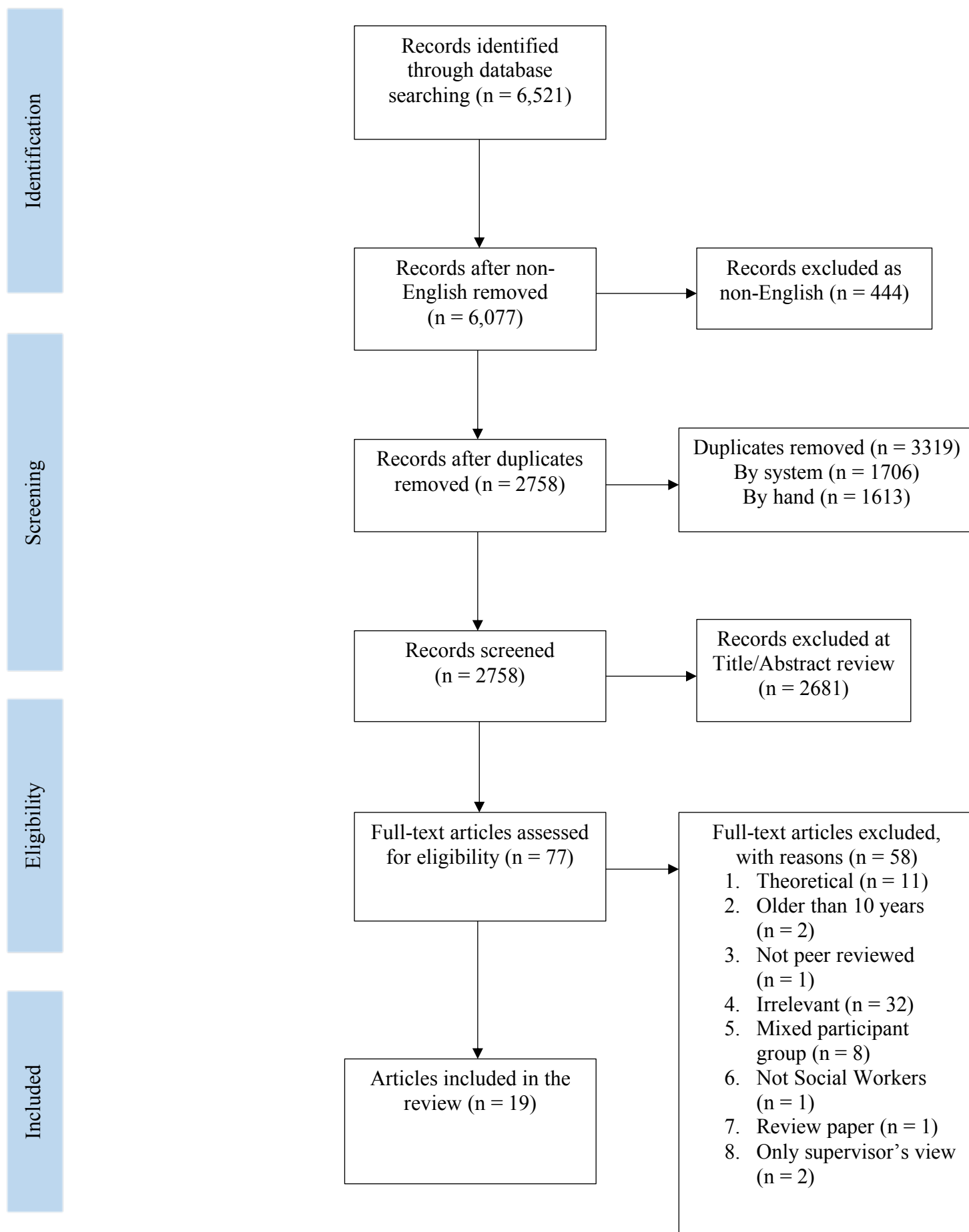


Figure 1.1. PRISMA Flow Diagram

Data extraction

The Chief Investigator extracted data from the included studies using a data extraction table developed for this study. Key data extracted included: author, year of publication, aim of the study, location, participants' characteristics (service, age, gender, level of experience), sample size, methodology, type of supervision, who supervises, what is useful, what isn't useful and level of satisfaction with supervision.

Quality Appraisal

The Quality Assessment Tool for Studies with Diverse Designs (QATSDD) was used to assess the quality of the studies included in this review (Sirriyeh, Lawton, Gardner & Armitage, 2012). This tool was developed due to the majority of assessment tools being for a specific research design, causing difficulties when studies of various designs are included in a review. Therefore, the QATSDD was chosen as a suitable assessment tool for this review which included qualitative, quantitative and mixed method studies. Each study was rated on a range of criteria of study quality which gave each a total score. This total score reflected whether the study was rated as poor, moderate, good or high quality. 50% of the included studies were also rated by a second rater to ensure consistency of rating. A few minor discrepancies in scores occurred and these were discussed and an agreed score identified. These discrepancies did not influence the overall rating of quality.

Data analysis

The data from the included studies were analysed using a thematic analysis, described by Braun and Clarke (2006) as 'a method for identifying, analysing and reporting patterns within data' (pp. 79). The aim of this study was to describe the phenomenon of useful supervision, and using this approach may allow new insights to develop from the data (Kondracki & Wellman, 2002). The general approach of thematic analysis was chosen as it is able to bridge quantitative and qualitative research methods (Pope, Mays & Popay, 2007).

Following guidelines for thematic analysis (Braun & Clarke, 2006) the Chief Investigator followed the six main steps. The first stage was to gain familiarity with the data by reading the papers thoroughly and making initial notes on possible emerging themes. Initial codes were then produced from these papers. This was done using a series of post-it notes to keep track of initial codes. From qualitative studies, all aspects noted as helpful or unhelpful were included as initial codes, often from themes derived from the studies. From quantitative studies, the highest rating of helpful or unhelpful aspects were included as initial codes. These initial codes were then sorted into potential broader themes and sub-themes that felt meaningful and appropriate (Patton, 2002). The fourth stage involved refinement of these themes. Within this stage the Chief Investigator re-read each of the included data extracts in each theme to ensure that all were encompassed. Each theme was considered in relation to the other potential themes, named to capture the data within it, and all were arranged into a thematic map. Some revisions were made to the initial themes throughout this process to produce the final thematic map shown in Figure 1.2 in the results section.

Results

Study Characteristics

Within this review, 19 studies were included. This included 11 qualitative studies (57.9%), three quantitative studies (15.8%) and five mixed-method studies (26.3%). These studies used a range of methodologies, with seven using interviews (36.8%), six using questionnaires or surveys (31.6%) and three using focus groups (15.8%). The remainder used a combination of these methodologies, such as surveys and interviews (1; 5.3%), focus groups and interviews (1; 5.3%) and surveys and focus groups (1; 5.3%). Further study characteristics are summarised in Table 1.1.

Table 1.1: *Study Characteristics.*

Author (Year)	Location	Design	Aim/Objective	Methodology	Quality Rating
Radey & Stanley (2018)	U.S.	Qualitative	Looking at transitions from training to casework including supervision experiences	Telephone interviews	Good
Geibler-Piltz (2011)	Germany	Mixed	Experience of supervision in multi-disciplinary team, particularly the use of reflection	Questionnaires & interviews	Good
Hair (2014)	Canada	Mixed	Experiences of power relations in supervision	Online survey	Good
Joubert, Hocking, & Hampson (2013)	Australia	Mixed	Experience and management of vicarious trauma reported by social workers	Focus groups	Good
Egan, Maidment & Connolly. (2018)	Australia	Mixed	Patterns of association within factors in supervision	Online survey	Good
Tsui (2008)	Hong Kong	Qualitative	Features of social work supervision	Focus groups & interviews	Good
Saltiel (2017)	England	Qualitative	Exploring how social workers' decisions are made	Interviews	Good

Table 1.1: (continued)

Author (Year)	Location	Design	Aim/Objective	Methodology	Quality Rating
Sweifach (2019)	U.S.	Quantitative	How supervision is conceptualised and conducted	Online survey	Good
Turner-Daly & Jack (2017)	England	Mixed	Experiences of supervision for child care social workers	Survey	Moderate
Wilkins & Antonopoulou (2019)	United Kingdom	Quantitative	What does supervision help with and what associations are there between supervision approaches and self-reported usefulness	Survey	Good
O'Donoghue (2012)	New Zealand	Qualitative	How social workers developed their understanding and use of supervision and how their histories influenced this	Interviews	Moderate
Clark et al. (2008)	U.S.	Quantitative	Learn more about current supervisory practice, the role of supervision and the training needed for supervisors	Survey	High

Table 1.1: (continued)

Author (Year)	Location	Design	Aim/Objective	Methodology	Quality Rating
Kadushin, Berger, Gilbert, & de St. Aubin (2009)	U.S.	Qualitative	Perceptions of supervisees about the current models and functions of supervision	Telephone focus groups	Good
Benton, Dill, & Williams (2017)	N.Ireland	Qualitative	What is excellent supervision from the perspective of practitioners and those in other positions and are there any differences between these views	Focus groups	Good
McPherson et al. (2015)	Australia	Qualitative	How is supervision experienced by practitioners and supervisors and what are the core functions of effective supervision	Interviews	Good
Caras & Sandu (2014)	Romania	Qualitative	How is supervision perceived by specialised social workers in NGOs and how does supervision contribute to the development of professional skills	Interviews	Moderate

Table 1.1: (continued)

Author (Year)	Location	Design	Aim/Objective	Methodology	Quality Rating
Hensley (2003)	U.S	Qualitative	Benefits of supervision	Interviews	Moderate
Egan, Maidment, & Connolly (2017)	Australia	Qualitative	What is supervision like and how does a trusting relationship help support safe practice	Online survey and focus groups	Good
O'Donoghue (2014)	New Zealand	Qualitative	Explore the supervision session from multiple views and propose an interactional map of the supervision session	Interviews	Good

Study quality

The QATSDD tool was used to assess quality of the included studies. Using this tool, one study was rated as high quality, 14 of good quality and four of moderate quality. No studies were rated as poor quality and therefore all studies were included in this review. This quality analysis was primarily used to determine whether any studies should be removed due to poor quality. The secondary use of the results of the quality analysis was to establish the quality of papers included in each theme. This is discussed within each theme below. There were two main limitations identified across the included studies. These were the lack of consideration of sample size for the methodology chosen, and the lack of pilot groups or inclusion of service users in the design of the study. Further details of the quality ratings of each of the included studies are included in Appendix C.

Sample characteristics

The majority of studies were conducted in the United States of America (US) (5; 26.3%), the United Kingdom (4; 21.1%), and Australia (4; 21.1%). The remainder were conducted in New Zealand (2; 10.5%), Germany (1; 5.3%), Canada (1; 5.3%), Hong Kong (1; 5.3%) and Romania (1; 5.3%). Sample sizes ranged from 3-1000 with a mean sample size of 227.84. The age range of participants in the studies that reported age was from 20 to 69 years old. The average age from those studies that reported averages was 40.5 years old. In the 11 studies that reported the gender split of their participants, one had an even split of males and females, with the remaining 10 studies ranging from 66.6% to 94% females, and 6% to 33.3% males. In the 10 studies that reported it, years of experience ranged from 1 year to more than 25 years. It is difficult to calculate an average from these studies due to the lack of consistent reporting.

Assessment of Useful Supervision

Studies differed in the methods used to assess or explore what makes supervision useful according to social workers. The majority of qualitative studies used open-ended questions to ask social workers what the supervision they have received in the past has been like, or what is important to them. This was done using a range of interview, survey and focus group methodologies. In the quantitative studies, participants were asked to rate their agreement with a list of items regarding their supervision. Studies used different terminology to describe the positive aspects of supervision, with some referring to attributes as helpful, effective, or valuable. Within this review, the term usefulness is used to combine the results of the positive aspects found in each of these studies.

Thematic Analysis Themes

A process of thematic analysis was used to identify key themes reported as particularly useful or not useful about the supervision that social workers had received. This led to the development of four broad themes, which included organisational aspects, session aspects, attributes or factors associated with the supervisor and the supervisory relationship. These themes were then further divided into sub-themes. These themes and sub-themes will be discussed in more detail and are shown within the thematic map in Figure 1.2.

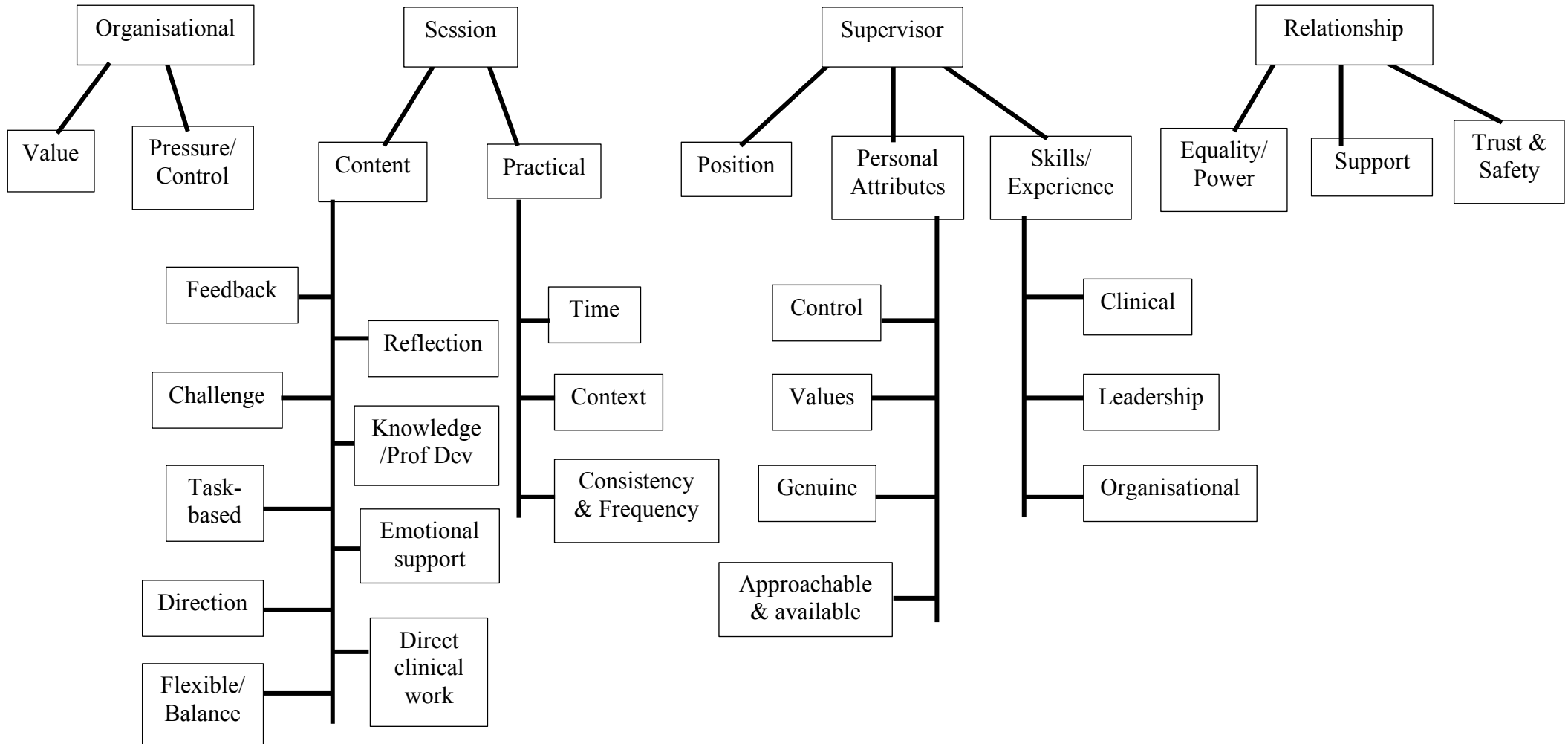


Figure 1.2. Map of themes of supervision from thematic analysis

Organisational Aspects. Eight papers contributed to the development of this theme, six of which were good quality and two of moderate quality, suggesting that there can be a high degree of confidence that this theme is comprised of studies of appropriate quality to create a broad theme. Within this theme, two sub-themes were developed; *value* and *pressure/control*.

Value. This sub-theme referred to responses that when the organisation valued and supported the supervision process, it felt more useful to the supervisees. An organisational culture that encouraged discussing challenges and emotional difficulties led to more useful supervision. However, when the organisation or indeed the wider community lacked an understanding of the job role of a social worker and how supervision can help, supervision was impacted negatively, and was felt to be less useful.

Pressure/control. Results showed that pressure experienced from the organisation negatively impacted supervision. In some cases, a fear of sanctions was mentioned as being particularly unhelpful and caused supervision to no longer be useful. Attempts to control what happens in supervision by the organisation was also seen to reduce the quality of sessions.

Session Aspects. This theme was mentioned in the vast majority of the studies included in this review (N=17), where supervisees agreed that certain aspects of the supervision session were very important. Of the papers included in this theme, 12 papers were rated as good quality, one of high quality and four of moderate quality. This shows that this theme was viewed as important across many studies, and these studies were of appropriate quality to create a broad theme. This theme was split into two sub-themes of *practicalities* and *content*.

Practicalities. This theme encompasses sub-themes of time, frequency/consistency and context. A lack of time was noted by many participants as a barrier for useful

supervision, including finding a suitable meeting time or having enough time protected for each session away from the rest of their job demands. Social workers also valued higher levels of frequency and consistency of supervision. Generally, responses indicated that supervision should be more frequent than it currently is, and that sessions should be uninterrupted and not cancelled. The context was viewed as important, with many studies indicating that although individual supervision is important, group supervision may offer more opportunities and enhance individual sessions. Responses either indicated that they received group supervision and found it useful, or felt that it would be a useful addition to their individual sessions.

Content. Many studies reported responses that were concerned with the content of the session itself. This theme was further split into sub-themes of challenge, feedback, direction, administration/task-focus, reflection, knowledge and professional development, direct clinical work, flexibility and balance, and emotional support. Some social workers reported that it was useful to be challenged in supervision to make supervision more active rather than passive, as long as this was done safely and with permission. Detailed feedback including strengths and weaknesses was reported as useful in many studies. Direction was also reported as important, with many indicating that sometimes they found it useful to be told what to do and given clear and direct instructions, particularly when things went wrong or felt difficult. However, sessions which were administrative or task-focused were not felt to be useful, where the session became dominated by quick decisions, holding the supervisee accountable for actions and a focus on 'tick the box' tasks. If the supervisor took administrative responsibility instead then supervision was felt to be more useful. Reflection was highlighted in many papers as crucial for useful supervision, allowing social workers space to 'step back' and critically reflect on their work and their emotional reactions. Providing social workers with a space to be upset and having emotional support was important in many of the studies

included; receiving acknowledgement that their job is difficult and support to work through emotional difficulties was extremely useful to maintain their wellbeing. A focus on professional development and increasing knowledge was also important, where specific skills such as teamwork and clinical skills were reported as being useful. Many studies reported that keeping the clients in mind and talking about direct clinical work was important, to ensure that quality of practice was maintained and client's wellbeing was kept in focus. The majority of studies indicated that these different functions of supervision must be flexible and balanced, to adapt to the needs of the supervisee which may change between sessions and throughout their career. Being able to influence this flexibility was also important, to ensure that an individual felt in control.

Supervisor Aspects. The supervisor was highlighted as important in almost all studies (N=17), again suggesting that this was a theme that is consistently viewed as important. Of these studies, one was rated as high quality, 13 as good quality and three as moderate quality, indicating again that there is an appropriate quality of studies to create a broad theme., This theme was split further into their *position*, *personal attributes* and *skills/experience*.

Position. Many studies found that the supervisor should be someone who is held in high esteem and is respected; conversely supervision was not useful if it was delivered by a supervisor who is not respected. Most studies referenced the difficulties of receiving supervision from one's line manager, or someone in a position of hierarchical power, and some studies suggested external supervision can be useful for this reason. However, other responses were that supervision by someone in the organisation who understood the context and the individual's job role is more important, showing that there may be conflicting views about this topic. Many studies agreed that it was useful for the supervisor to also be a qualified social worker as they would understand the job role.

Personal Attributes. The sub-themes within this area were *control*, *values*, *approachable* and *genuine*. Although there was an agreement amongst studies referred to in an earlier theme that direction could be useful, it was also agreed that it was not useful if this was done in a controlling or imposing manner. A supervisor who made decisions or imposed tasks without discussion was widely agreed to be not useful and negatively impacted on supervision. Some studies mentioned responses from social workers of supervisors being ‘narcissistic’, ‘schoolmasterly’ or ‘oppressive’ and that these did not make supervision useful. The values that a supervisor expressed were important. Specifically, a supervisor with integrity, who acted as a role model, was empathetic, sensitive, caring and shared the same values as the supervisee was found to be useful. It was widely agreed that it was important for social workers to feel they could approach their supervisor for support both in formal and informal supervision settings, and that support would be available when requested. Less useful experiences included feeling that an individual was bothering a supervisor for support when they were not available as they were too busy or it did not feel possible to approach them. A supervisor who put effort into making a genuine relationship with their supervisee was agreed as important, through taking an interest in the individual’s work, them as a person and being genuinely concerned about their welfare. Some studies reported supervisors who were distracted in sessions, preoccupied with their own concerns or ignored the supervisee’s needs, caused supervision to feel less useful.

Skills and Experience. The final sub-theme of supervisor’s aspects was the skills and experience they possessed. This was further sub-divided into *clinical*, *leadership* and *organisational*. Many studies referenced a useful supervisor as someone with clinical experience of the same client group as the supervisee and who demonstrated good clinical skills. Less useful supervisors were those who did not carry a caseload, had less experience than the supervisee and showed difficulties in responding to emotional situations. Leadership

skills of the supervisor were important in some studies. An expectation that the social worker themselves would act as the leader in sessions was viewed as creating less useful supervision. Some studies also noted that a supervisor with good organisational knowledge and experience was useful in terms of understanding the context and relevant policies and procedures.

Relationship. The final theme was the importance of the supervisory relationship. 12 papers in this review reported that the relationship was important, and of these 10 were rated as good quality and two as moderate quality. This again indicates that there was a consistent view of this theme as important, and there is an appropriate level of quality of studies to create a broad theme. Sub-themes within this were *equality and power*, *supportive* and *trust and safety*.

Equality and power. The existence of power in supervisory relationships was noted in many studies, and it was reported that a misuse of power and authority contributed to supervision that was not useful. However, when both individuals had mutual respect and contributions were equally valued, with power therefore being shared, supervision was more useful. The supportive nature of the supervisory relationship was highlighted in many studies as contributing to the usefulness of supervision. Finally, having trust and safety in the supervisory relationship was reported by a large number of studies. Some mentioned that a lack of criticism or judgement was extremely useful. Experiences of less useful supervision were reported where social workers felt threatened, judged or there was a breach of confidentiality.

The papers that reported each theme are summarised in Tables 1.2-1.4.

Table 1.2. *Organisational Theme*

Theme	Papers
Value	O'Donoghue (2012); McPherson et al (2015); Joubert et al (2013); Sweifach (2019); Benton et al (2017)
Pressure/control	Turner-Daly & Jack (2017); O'Donoghue (2012); Benton et al (2017); Kadushin et al (2009); Geibler-Piltz (2011)

Table 1.3. *Session Theme*

Theme	Sub-theme	Papers
Content	Flexibility/Balance	O'Donoghue (2014); Benton et al (2017); Caras & Sandu (2014); Radey & Stanley (2018); O'Donoghue (2012); Turner-Daly & Jack (2017); McPherson et al (2015);
	Task-based	Caras & Sandu (2014); Clark et al (2008); Egan et al (2018); Benton et al (2017); Egan et al (2017); Turner-Daly & Jack (2017); Sweifach (2019); Saltiel (2017)
	Direct clinical work	Geibler-Piltz (2011); Saltiel (2017); O'Donoghue (2014); Wilkins and Antonopoulou (2019); Tsui (2008); Joubert et al (2013); Clark et al (2008);
	Challenge	Saltiel (2017); Egan et al (2017)
	Feedback	Radey & Stanley (2018); Tsui (2008); Caras & Sandu (2014)

Table 1.3: (continued)

Theme	Sub-theme	Papers
Content	Direction	Wilkins & Antonopoulou (2019); Saltiel (2017); Joubert et al (2013); Caras & Sandu (2014); Clark et al (2008); Turner-Daly & Jack (2017); Geibler-Piltz (2011); O'Donoghue (2012); Radey & Stanley (2018); Tsui (2008); Benton et al (2017)
	Reflection	Saltiel (2017); Benton et al (2017); Egan et al (2017)
	Knowledge /Professional development	Clark et al (2008); Tsui (2008); Joubert et al (2013); Hensley (2003); Geibler-Piltz (2011); Turner-Daly & Jack (2017); O'Donoghue (2012); Egan et al (2018)
	Emotional support	McPherson et al (2015); Tsui (2008); Saltiel (2017); Joubert et al (2013);
Practical	Time	Sweifach (2019); Saltiel (2017); Egan et al (2018)
	Context	Tsui (2008); Geibler-Piltz (2011); Wilkins and Antonopoulou (2019); Hensley (2003); Benton et al (2017)
	Consistency/ Frequency	McPherson et al (2015); Tsui (2008); Benton et al (2017); Turner-Daly & Jack (2017); Wilkins & Antonopoulou (2019)

Table 1.4. *Supervisor Theme*

Theme	Sub-theme	Papers
Position	N/A	O'Donoghue (2012); Geibler-Piltz (2011); McPherson et al (2015); Egan et al (2017); Egan et al (2018); Radey & Standley (2018); Sweifach (2019); Kadushin et al (2009)
Personal attributes	Values	McPherson et al (2015); Hensley (2003); Sweifach (2019); Geibler-Piltz (2011); Clark et al (2008)
	Approachable/ Available	Radey & Stanley (2018); Kadushin et al (2009); Turner-Daly & Jack (2017); Saltiel (2017)
	Control	Turner-Daly & Jack (2017); Geibler-Piltz (2011); Hair (2014); Saltiel (2017); O'Donoghue (2012); Radey & Stanley (2018)
	Genuine	Saltiel (2017); Turner-Daly & Jack (2017); Geibler-Piltz (2011); Radey & Stanley (2018); Benton et al (2017); Caras & Sandu (2014); O'Donoghue (2014); Hensley (2003); Sweifach (2019)
Skills/ Experience	Clinical	Benton et al (2017); O'Donoghue (2012); Kadushin et al (2009); Geibler-Piltz (2011); Caras & Sandu (2014); McPherson et al (2015); Tsui (2008)
	Leadership	O'Donoghue (2012); McPherson et al (2015); Radey & Stanley (2018)
	Organisational	Clark et al (2008); McPherson et al (2015);

Table 1.5. *Relationship Theme*

Theme	Papers
Support	Radey & Stanley (2018); Hensley (2003); Egan et al (2017); Clark et al (2008); O'Donoghue (2012); Sweifach (2019); Egan et al (2018)
Trust/Safety	Egan et al (2017); Geibler-Piltz (2011); Egan et al (2018); Hair (2014); McPherson et al (2015); O'Donoghue (2012); Saltiel (2017); Benton et al (2017)
Equality/Power	Hensley (2003); McPherson et al (2015); Hair (2014); Egan et al (2017)

Discussion

A total of 19 studies were included in this review synthesising social workers' views on useful supervision and what contributes to or inhibits this. The quality of the studies included in this review was variable, although the majority were rated as good using a tool designed to assess studies of diverse designs. Thematic analysis using the results from these studies identified four key themes regarding supervision (organisational, sessions, supervisor and relationship). Each of these themes was sub-divided into further sub-themes, and in some cases sub-divided once more. These themes and sub-themes have implications for what useful supervision is deemed to be by those experiencing it which will be discussed within the context of relevant literature.

Supervision was seen as more useful when it was valued by the organisation and when there was a lack of pressure or control imposed on sessions. The importance of organisational support for supervision has been highlighted in previous research (Davys & Beddoe, 2010) and is part of the duty of care of employers (CQC, 2013). This therefore suggests that there is similarity between supervisor's and supervisee's views about this topic. The benefits for employers of providing good quality clinical supervision may provide incentive for support, such as improving social worker's commitment to the goals of the organisation (CQC, 2013; Tsui, 2005) and reducing turnover of staff (Carpenter & Webb, 2012). As well as being the responsibility of managers, social work leaders can contribute to help foster an organisational culture that acknowledges the importance of supervision for professionals (Blackman & Schmidt, 2014).

Supervision sessions were seen as more useful when they were frequent, consistent and regular, not restricted by time and were protected time slots. This reflects guidance provided by professional bodies, and appears in line with what supervisors also feel is important (Bogo & Dill, 2008). A main finding of this review was that supervisees do not

view a focus on tasks and administration as useful within supervision sessions. This highlights one of the biggest differences between the views of supervisees and supervisors about the relative importance of administrative and task-based content, where research suggests supervisors are more likely to emphasise these aspects (Morrison & Wonnacott, 2010). Within the current context of social work, the threat of potential sanctions from the organisation, legal bodies and from the media (Rose & Palattivil, 2018), as well as increased privatisation of services (Baines et al., 2014), has meant that monitoring and accountability have become a fundamental part of a social worker's job role. These functions are clearly important in order to protect services users (Clare, 1988), although the results of this review suggest that this should not be at the expense of other functions of supervision, which has also been reflected in other research (Noble & Irwin, 2009). A recent survey (British Association of Social Workers (BASW), 2011) found that although 58% of respondents felt that their supervision covered case issues, 70% felt it did not cover emotional issues, and 62% reported it did not cover professional development. It is important that a balance of all of these functions is achieved (Egan et al., 2016), as all may be useful at different times within supervision sessions.

This review agreed with these findings and highlighted the importance of flexibility within supervision to ensure that different functions are met at different times. An option may be for supervision to be divided to clarify when supervision is focused on tasks, compared to reflection (Beddoe, 2010), perhaps even with different supervisors to provide each form of supervision. This may link to the disagreement found in this review about whether an internal or external supervisor is more useful, whereby each option provides a slightly different function of supervision. The results of this review also found that supervision is especially useful when the supervisee themselves can help to influence this flexibility. As there may be some disagreements, between supervisee's and supervisor's views of important content,

establishing a common understanding of the supervision session may prove useful. Recent research suggests that supervision may seem to fall short of expectations not due to a poor-quality session being offered, but due to a lack of shared understanding of the purpose (Wilkins, 2017). Supervision contracts have been proposed as a way to agree the function of sessions, ensuring both individual's needs are met (CQC, 2013), as well as agendas for individual sessions (Rankine, 2017).

Other aspects of the supervision session which were highlighted as useful in this review included being challenged, focusing on learning and professional development, reflection, emotional support, and receiving direction, clear instructions and feedback. These findings are reflected in the existing literature regarding the views of supervisors, such as agreement that supervision should be a space for both reflection and learning (Davys & Beddoe, 2010), as well as the expectation that a supervisor provides feedback and advice (Ellis, Berger, Hanus, Ayala, Swords & Siembor, 2014). These findings are reflected in many guidelines regarding the content of supervision that social workers should receive.

Important supervisor aspects included having admirable values, being genuine, approachable and available. A supervisor seen as controlling or imposing was not viewed as useful, and neither was a supervisor in a position of hierarchical power who was also the supervisee's line manager. Previous research agrees that supervisors acknowledge the importance of being aware of power dynamics, and ensuring that sessions are delivered collaboratively rather than in a controlling manner (Ellis et al., 2014). In fact, supervision which does not consider power may become harmful or detrimental for the social worker (Beddoe, 2017). This review also found that supervisors with a range of skills and experience were viewed as useful more useful than those who lacked clinical and theoretical knowledge. These results outline a clear picture of the attributes, skills and experiences that are desired in a supervisor. These findings have implications for the training of prospective supervisors, or

the selection process for finding suitable individuals. Schmidt and Kariuki (2019) found in their study of social work in Canada that the majority of supervisors (66%) had not received training prior to becoming a supervisor. Many also reported no formal succession planning but that they filled a gap when a previous supervisor left. Although this study explored this with a small sample in one geographical area, this raises questions about the level of interest in social work supervision and highlights the need to carefully consider forward planning and training of supervisors.

Finally, the supervisory relationship was viewed as extremely important, particularly when this was safe, trusting and supportive and when power was shared. The importance of the supervisory relationship has long been established (Ekstein & Wallerstein, 1972), and a wide range of research methods and samples all agree about its importance (Bogo & McKnight, 2006; Hensley, 2003; Williams, 1997; Kadushin & Harkness, 2002). Supervisors themselves agree that a strong alliance within supervision where they can exhibit basic counselling or communication skills can create the most useful and best quality sessions (Ladany, Mori & Mehr, 2013). A strong supervisory relationship is a factor that is highlighted across professions and will remain important to consider in supervision practice.

Future Directions for Research

This review highlighted that supervision is valued by social workers, and that they have a relatively clear idea of the aspects that contribute to its usefulness. An important area for investigation is to explore whether these highlighted aspects do contribute to effective professional practice and wellbeing. This will help to understand which aspects are essential for positive worker outcomes, compared to those that are simply desirable. Perhaps an even bigger priority is to establish the impact of good quality supervision on outcomes for clients; this has been established as a research area for investigation by many previous reviews (Beddoe, Karvinen-Niinikoski, Ruch, & Tsui, 2016; Carpenter, Webb, & Bostock, 2013;

Sewell 2018). This is particularly important within the context of the Munro report (2011) which emphasised the need to ensure social work remains child-centred, or indeed client-centred in general. Therefore, the needs of the clients should be considered when devising all aspects of the service, including the supervision received by professionals.

Obtaining data about the usefulness and acceptability of supervision practices from multiple sources will be important, including social workers, supervisors, managers and the clients themselves. This review has highlighted that there may be differences in the views of various stakeholders involved in the supervisory process. By focusing on one outcome source in isolation, research will only gain information about this one perspective, but by expanding sources much more can be learnt about supervision practices (Bogo & McKnight, 2006).

Further research into the impact of training for supervisors will also be important, particularly as research suggests that very few supervisors do actually receive training for this (Hair, 2013). This review indicates some potential areas for focus in training, but studies exploring outcomes before and after training programmes are implemented would be useful.

Another direction of research and clinical importance is to investigate the added value of group supervision. This format was highlighted within the review as something that can offer opportunities and enhance individual supervision sessions. The emphasis in clinical practice and in research tends to be on individual formats (Knight, 2017), but group supervision may be an important area of exploration. For example, there have been suggestions that group supervision may increase critical thinking (Carpenter & Webb, 2012). The various possible outcomes from receiving group compared to individual supervision require more research and investigation.

Strengths and Limitations

This was the first systematic review to synthesise the literature relating to the experiences solely of social workers of being supervised and what they deem to be useful in

supervision. This is an important area to explore further, as there are some disagreements about the most important aspects of supervision. Supervisors and supervisees agree that supervision is vital, but it is important to understand what the experience is of receiving it, and whether this is different from the experiencing of providing supervision.

A second rater was used to assess study eligibility and inclusion, as well as for quality ratings. This helped to ensure that the inclusion and exclusion criteria were used reliably, and that studies were not included or excluded incorrectly. This also helped to improve the reliability of quality ratings, as the overall quality ratings that each rater provided were similar. Due to the time constraints of this project, the involvement of a second rater for all studies was not possible, but a sub-section ensured that reliability was improved.

As discussed, the current UK evidence base for social work supervision is weak, reinforced by the small number of UK-based studies included in this review. Therefore, studies from all over the world were included due to a small sample size of UK-based studies, which allowed more results to be pooled for this review. This led to results that are not specific to one individual country and allows greater generalisability of the themes identified. However, this does also introduce the difficulty of potential cultural differences in the format and experience of supervision between studies.

This review also has a number of limitations. As this review used conventional thematic analysis without relying on an already existing framework for organising information, contextual issues were not considered. This may have led to the Chief Investigator missing key categories that would be important for inclusion. However, this method was chosen to allow the analysis to be immersive and allow themes to emerge more organically from the results reviewed.

The studies included in this review varied widely in terms of methodology and also in quality. This meant that comparison and synthesis across all studies was difficult, particularly

due to differences in data collection methods. This may have therefore impacted on the results of this review, as very heterogeneous methodologies may have reduced the comparability across them. Additionally, only studies published in English were included, which may have excluded important insights from studies published in other languages. Grey literature was also excluded with a focus on peer-reviewed studies, which may again have led to important data being excluded.

Conclusion

This systematic review identified a number of key themes that social workers across many different countries agreed were important in ensuring the receipt of useful supervision. The aspects identified are important in considering training of supervisors for this professional group, as well as for further exploration in how different expectations or views of supervision can be addressed within a session. There are many avenues of future research following this review, particularly investigating which aspects of supervision reported as important by social workers have impacts on the outcomes for clients or for the quality of service provided by social workers. Supervision remains important within this profession and should continue to feature within the research agenda for social workers.

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Chapter Two. Bridging Chapter

Chapter Two

Bridging Chapter

The previous chapter within this portfolio established the importance of supervision for social workers, and highlighted a number of themes including important organisational aspects, attributes of the session, the supervisor and the supervisory relationship. These results suggest that if supervision has certain attributes then it is more useful. Research supports that supervision viewed as useful can help to reduce the impact of stress on social workers (Cohen & Gagin, 2005). The implication of this review is that supervisors may benefit from being further trained in these skills and areas in order to address the gaps felt in current supervision practice. This may lead to the provision of supervision that is experienced as useful for maintaining wellbeing and good quality professional practice.

One current difficulty is that this form of useful supervision is not universally experienced. Surveys have reported that social workers are not always receiving regular supervision, and when they do they do not always feel that it is of good quality (BASW, 2011). Supervisors have reported emphasising different functions of supervision, such as being more likely to focus on a more task-based version of supervision (Beddoe, 2010). Although this review suggests that this is not experienced as useful by social workers, it is important to consider the context of this profession and why it may be more difficult for the 'ideal' supervision to be provided. It has been suggested that the culture within the social work profession has shifted towards an emphasis on accountability for work and outcomes, due to a number of factors. These factors include the fear of experiencing sanctions, both within the organisation and from professional bodies, as well as legal sanctions (Egan, Maidment & Connolly, 2018). This has led some social work organisations to enforce policy within supervision which emphasises tasks and targets, and there is some suggestion that there has been a movement away from considering the service user's needs (Egan et al.,

2018). This allows supervisors and therefore organisations greater scope to monitor practice, which although important, has been suggested to remove social worker's individual autonomy and may lead to poorer service user outcomes (Egan & Kadushin, 2004). It is possible that a focus on monitoring, performance and risk management may have eroded the other important functions of supervision highlighted in the review, such as the space for reflection. Supervisors may now face a dilemma between focusing on what their professional principles and supervisees inform them is appropriate or useful supervisory practice, and the regulation policies that are dictated by the organisation (Kadushin & Harkness, 2002). UK policies which reduce the complexities of social work to simply managing risk and ensuring accountability (Phillipson, 2002) reduce the amount of space for reflection and the other aspects of supervision that are experienced as valuable. The outcome of this is that this 'ideal' supervision is not universally experienced, which may have implications for the levels of stress and burnout in this profession.

The finding that social work supervision may not be delivered as effectively as it should be, suggests that research exploring other contributing factors to stress and burnout is vital. Research suggests that having good quality supervision may not be sufficient to buffer social workers entirely from this stress, particularly if this has a task-focus (Peach & Horner, 2007). It therefore would be helpful to identify additional protective factors other than supervision, as well as to understand what other factors are involved that may influence the stress levels of social workers. This is particularly important to understand if the space for reflective supervision is reduced within the context of increased personal accountability and performance management. There are a number of aspects of the job role of a social worker that are likely to contribute to burnout. Other factors that make an individual more or less likely to experience burnout include organisational, contextual and individual factors.

Organisational level factors include the reported lack of understanding of their job role by organisations and the wider community (McPherson, Frederico & McNamara, 2015). This has led to negative media coverage in many countries, which has been described as 'demoralising' (McPherson et al., 2015). The focus on accountability and targets described above also impacts on social worker wellbeing, and can lead to a feeling of shame when they feel that they are no longer able to cope with the demands of the job (Gibson, 2016). Social workers report that they enter the profession with aims to help others and make a difference, but have reported that this can be secondary to ensuring that paperwork and reports are completed within targets (Chanmugam, 2009). The expectations of the organisation can be enforced by the use of praise when an individual meets the standards set, or of shame for those who do not (Alvesson & Willmott, 2002).

Contextual factors include the complexities of the jobs that social workers do (Webb, 2006), as well as their level of caseload, years of experience and the service area in which an individual works (Thomas, Kohli & Choi, 2014). Research has found that child social workers are frequently confronted with complex cases involving social issues, and commonly work within services with few resources (Clark et al., 2008). Caseloads have also been described as 'burdensome', in relation to their large size and the high level of complexity of cases (Kadushin & Harkness, 2002). These factors have been shown to have a negative impact on the wellbeing and morale of staff, as well as an impact on levels of retention within the profession (Clark et al., 2008). More recent reviews continue to find that social workers report working for long hours, with a high caseload which has an inherent amount of unpredictability (Benton, 2016).

Finally, individual factors can be involved when social workers exhibit certain levels of particular traits such as resilience, self-compassion and shame-proneness. These may have implications for their own individual sense of stress and degree of burnout. Research suggests

that higher levels of resilience and self-compassion can help to reduce stress (Grant & Kinman, 2014; Neff & Germer, 2013) and higher levels of shame-proneness can lead to negative outcomes (Dearing, Stuewig & Tangney, 2005; Tangney, Wagner, Fletcher & Gramzow, 1992). Resilience as an individual level factor is a potentially contested term, as it can often be used to focus on the individual worker at the expense of the wider context of the organisation, policy and political developments (Collins, 2016). However, within this thesis the concept of resilience is viewed not simply as an individual factor, but relates to factors across all levels that contribute to a social worker's resilience and wellbeing.

Many of these factors have been explored in isolation with social workers, or other professions, but few studies have fully explored and detailed the relationships between some of these factors. The current climate of social work emphasises the importance of personal accountability and pressure is felt on individuals to perform at the level expected of them by their organisation as a whole (Gibson, 2016). This is due to the current context of this research following media coverage of various high-profile child deaths in 2000 and 2007 (Victoria Climbié and Baby P) and the subsequent report written following these and other unfortunate events (Munro, 2011). These events contributed to the current climate of performance management and accountability that exists in social work during the 21st Century (Gibson, 2019). Of particular relevance in this context and yet having received minimal research attention in this professional group is the prevalence of shame, both as a general trait and as a context-specific factor. There are suggestions that shame is likely to become more prevalent within the context of social workers practicing under high levels of scrutiny (Gibson, 2019). Therefore, the study described in the next chapter was developed to explore the relationships between shame, self-compassion and stress/burnout in more detail by asking current social workers to report their levels of these factors and statistically explore

the associations. Consideration of contextual and organisational factors is also given, to ensure attention is paid to all levels of influence within the job role of a social worker.

Chapter Three. Empirical Paper

Prepared for Submission to Journal of Social Work

(Author guidelines included in Appendix A)

What role do self-compassion and shame play in stress and burnout in UK social workers?

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Abstract

Summary: Social workers in the UK working with children and families experience high levels of stress which can impact on their wellbeing and also on staff retention (Grant & Kinman, 2014). To support social workers effectively, it is important to understand the factors influencing these levels of stress. Research suggests that self-compassion is an important factor and may protect individuals from the negative impact of stress and burnout (Walker, 2017). However, within the current organisational context, social workers have reported the existence of shame responses (Gibson, 2019) which may reduce the likelihood that they are able to show self-compassion. This study aimed to explore the relationships between self-compassion, shame and burnout to form a greater understanding of these factors. A sample of 100 social workers within child and family services in the UK completed a number of online questionnaires to measure these factors.

Findings: A series of correlational and regression analyses were conducted to explore these relationships. The results differentiate between a general predisposition to experience shame, and context-specific shame which was found to be important in predicting levels of burnout in this sample. Self-compassion was also strongly related to burnout.

Applications: These results have important applications for clinical practice, and may help to inform useful support for social workers, as well as providing suggestions for future organisational changes. The implications of these results are discussed and strengths and limitations of the study are acknowledged.

Keywords

Stress; Burnout; Self-Compassion; Shame; Social Workers

What role do self-compassion and shame play in stress and burnout in UK social workers?

The Prevalence and Impact of Workplace Stress

Across professions, recent estimates suggest that annually 602,000 people in the UK suffer from work-related stress, depression or anxiety, which impacts on rates of turnover or staff retention (Health and Safety Executive, 2019). Although workplace stress is experienced across many settings, research suggests it is particularly prevalent in job roles where staff experience regular exposure to emotional or traumatic situations, such as public administration and defence, and human health and social work activities (Health and Safety Executive, 2019). One such professional role that has been found to be associated with very high levels of stress is social workers (Grant and Kinman, 2014). There is considerable debate about a universally agreed definition of what a social worker's job role is, which can be experienced as unhelpful and un-containing (Sweifach, 2019). Within child and family services it does seem to be widely agreed that a major part of the job is to deal with safeguarding concerns, issues of child protection, or general involvement in difficult situations involving vulnerable families (Moriarty, Baginsky, & Manthorpe, 2015). Social workers report that working in this area can be very emotional and demanding (Coffey, Dugdill, & Tattersall, 2004) and job roles often include tasks that are complex, poorly defined and for which there is uncertainty about the perceived correct response (Devany & Spratt, 2009). This context is likely to contribute to an experience of increased stress. Indeed, social workers, particularly within child and family services, have been found to experience higher levels of stress and lower levels of wellbeing than other professionals (McFadden, 2015; Grant & Kinman, 2014).

The impact of exposure to chronic, work-related stress can lead to an experience of 'burnout' (Koutsimani, Montgomery & Georganta, 2019). This is characterised by high emotional exhaustion and depersonalisation and low personal accomplishment (Dyrbye, West

& Shanafelt, 2009). Research has found that social workers report high levels of burnout, with 91% of a sample of UK social workers reporting emotional exhaustion and 61% reporting depersonalisation (McFadden, 2015).

Experiencing high levels of burnout can cause problems in retaining and recruiting staff, as individuals feel unable to cope with the demands of the job (DePanfilis, 2006). Recent figures from the Department for Education (2019) found that the turnover rate for full-time child and family social workers in the UK was 15% in 2017-2018; an increase from previous years. Turnover rate is defined as the number of staff who have left the organisations during a given period, divided by the number of staff in the organisation during the same period (Price, 1977). Interestingly, 68% of these leavers had been working in social work for less than five years, suggesting that burnout may impact social workers from very early on in their careers. The average length of time that a social worker has been found to stay in the profession is eight years, compared to 15 years for nurses and 25 years for doctors (Curtis, Moriarty & Netten, 2010). In 2017-2018, 235,660 days were missed due to sickness of social workers, and there was a decrease in people starting the profession (Department for Education, 2019). These high numbers of missed days show a that there is a clear negative impact on social workers' wellbeing, and also highlight problems for services maintaining an experienced and enthusiastic workforce. Perhaps most importantly, this also causes difficulties for the children and families who experience a lack of continuity of care (Alazri, Heywood, Neal & Leese, 2007), which may be especially traumatic for families who have already existing relationship difficulties. This can also have a negative impact on client's trust of the service, leading to dissatisfaction with professionals, causing further difficulties (Powell & York, 1992).

Factors Associated with Stress and Burnout

To combat some of these difficulties, interventions have been designed to help improve the wellbeing of social workers by increasing their resilience (Grant & Kinman, 2014). Resilience is defined as the ability to adapt in a positive way in response to adversity: to be able to cope and to use support effectively (Fletcher & Sarkar, 2013). Higher levels of resilience can have positive impacts for social workers; it can help them manage complexities, enhance their decision-making and help them remain well (Grant & Kinman, 2014). Resilience is a complex attribute, linked to a range of psychological factors, one of which is self-compassion. Neff (2003a) defined self-compassion as consisting of three elements; self-kindness, common humanity and mindfulness. Research suggests that self-compassion may help to reduce cortisol and increase heart-rate variability in general populations, which may help to decrease levels of stress (Rockliff, Gilbert, McEwan, Lightman & Glover, 2008). There is evidence that higher levels of self-compassion are related to lower levels of burnout in groups of health-care students, nurses and student therapists in the UK (Beaumont, Durkin, Martin & Carson, 2016; Gustin & Wagner, 2013; Walker, 2017). A study exploring the relationship between self-compassion and burnout in social work students also found that increased levels of self-compassion were associated with reduced stress and burnout. (Neff & Germer, 2013). However, there is little research into this relationship in qualified social workers, which forms the first aim of the current study. Research suggests that burnout is likely to be higher in qualified social workers than students (Harr, Brice, Riley & Moore, 2014), so it is important to explore whether the relationship with self-compassion is still evident in this population.

The Importance of Shame

Kinman and Grant (2017) found that the relationship between self-compassion and burnout was not straightforward, suggesting that more research is needed into the

contributing factors. One factor that has been the focus of some important recent research papers within social work (Gibson, 2019) is shame, which Fredrickson (2015) describes as incompatible with self-compassion. After a perceived mistake, an individual will experience either shame or guilt; these are distinct and lead to different outcomes. If shame is felt, an individual will report feeling “small, worthless and exposed”. As this is unpleasant, the tendency is to try and stop feeling this way, either by denying responsibility or by shifting blame onto others (Fredrickson, 2015). However, a guilt response to a mistake leads to internal tension, remorse and regret. This causes individuals to confess to wrongdoings, apologise and learn from their mistakes (Fredrickson, 2015). Viewed in this way shame can be seen as the less helpful response and one which can also interfere with our ability to be self-compassionate. Woods and Proeve (2014) found that high levels of shame were negatively correlated with all facets of mindfulness and self-compassion, but that guilt was only weakly correlated with self-compassion and some facets of mindfulness. Therefore, if interventions aimed at reducing burnout do not consider the existence of shame-based responses for social workers, their effectiveness may be reduced. This suggests that interventions should target both an increase in self-compassion and a decrease in shame for optimum results.

It is important to understand what makes individuals more likely to experience a shame response, and research suggests that there are two aspects to this. Traditional psychological theory suggests that experiencing shame after a mistake comes from a global negative self-evaluation (Tangney, Miller, Flicker, & Barlow, 1996) and therefore shame can be understood as a disposition: a ‘shame-proneness’. Gilbert and Proctor (2006) suggested that this comes from early attachment experiences, where fearing negative consequences of being shamed after a mistake leads to internal self-criticism in children with an insecure attachment to their primary caregiver. Furthermore, high levels of shame-proneness have

been associated with a range of negative factors such as substance abuse (Dearing, Stuewig & Tangney, 2005) and unhelpful anger responses (Tangney, Wagner, Fletcher & Gramzow, 1992). However, more recent research has suggested that shame can also be context-specific and sensitive to a particular social role, for example feeling shame following a mistake at work but not within family relationships (Gibson, 2014). This context-specific shame may be provoked more within professions where there are high levels of demands or expectations placed on staff, such as the culture of performance management that underlies social work (Wastell, White, Broadhurst, Peckover, & Pithouse, 2010). Recent evidence suggests that social workers are vulnerable to experiencing a range of 'self-conscious emotions' such as pride, humiliation and shame (Gibson, 2019), although these emotions may not be identified as such by the individual (Gibson, 2016).

Gibson (2019) suggested that this context-specific shame may be due to an interaction between a social worker's emotional experiences and the external forces placed on them by the organisational context. Due to the expectation of inspections from external bodies, social workers are increasingly experiencing pressure not only to keep children safe, but also to have appropriate evidence to pass inspections (Shoesmith, 2016; Warner, 2015). This emphasis on measurable outcomes and efficiency has led to a shift within social work to accountability and responsibility, and has moved away from allowing social workers to express the emotional impact of the work (Collins, 2008). This is within the context of an emotional demanding job, where research has suggested that child social workers find it very difficult to distance themselves from their work emotionally (Bennett, Evans & Tattersall, 1993). In addition, media coverage and a focus of national attention on child deaths, often blamed on social workers (Shoesmith, 2016), has led to a cultural expectation of an errorless system (Donthu & Yoo, 1998). The institutional standard that is created due to these pressures can be experienced as enforced by the use of praise for those who meet this

standard and of shame for professionals who do not live up to this (Alvesson & Willmott, 2002). Gibson (2019) proposed that social workers deal with these conflicts in a number of ways. One such way is 'enacting', which involves internalising the institutional standard to avoid being shamed and complete difficult tasks with less emotional impact. In doing so, an individual may risk becoming less empathetic towards service users, as they seek to behave in a way consistent with the institutional standard. Indeed, enacting has been related to lower levels of empathy for children and families, with priority given to administrative tasks of their job at the expense of the more relational aspects (Gibson, 2019). This is a potentially dangerous consequence for social workers and the service users they support, as empathy is vital for this job role (Gerdes & Segal, 2011), and this is an area which requires further exploration. A second strategy is 'complying', where the standard is not internalised but the individual adheres to it to avoid feeling shame. The consequence of this is that social workers can feel a conflict between their own and the institutional standard, leading to shame about the service they are providing, or disillusionment with the profession. Others may show 'compromising' or 'concealing' responses, either partially resisting the standards whilst meeting the minimum requirements, or resisting only in situations which would not be detected. These responses both attempt to provide the care that an individual wants to provide, whilst avoiding being shamed by the organisation. Finally, social workers may become 'influencing', where they may attempt to challenge the institutional standards. This leads to a high risk of being shamed by the organisation but reduces the chance of feeling ashamed that they are unable to provide the service they would like to. Links can be made to cognitive dissonance, where the larger the gap between an ideal and actual situation, the greater the level of distress (Akpan, Beard & Notar, 2018).

The consequences for the individuals faced with these dilemmas may be widely variable and individualised; shame may be felt when a social worker feels that they have not

got their work 'right', either for the service user (Smith et al., 2009) or the organisation (Chanmugam, 2009), or when they are forced to make a difficult decision and have little support or space to process the emotional ramifications of this (Van Heugten, 2010). (See Gibson (2016) for a scoping review of the range of experiences of shame in social workers). Research has found that the majority of a sample of 60 UK social workers feared that if they did not act in the way that was expected, this would lead to a bad reputation or their being ostracised from the profession (Smith, McMahon, & Nursten, 2003). Social workers have also been reported to feel that employers expect them not to complain or take time off sick, and fear that doing so will lead to a shaming response from the organisation (Galpin, Maksymlyuk & Whiteford, 2019). Therefore, it is suggested that many social workers may operate within a context where they are threatened with feelings of shame (Munro, 2011; Walker, 2011). Research has generally focused on measuring shame-proneness, but less attention has been paid to context-specific shame. Therefore, a further aim of this study will be to explore the differences between shame-proneness and work-related shame and their relationships with burnout and self-compassion.

Relevant Contextual Factors

It has been suggested that stress and burnout may also relate to other contextual factors, such as caseload numbers and years of experience (Thomas, Kohli & Choi, 2014) or the support that individuals receive at work, for example through supervision (Cohen & Gagin, 2005). McFadden (2015) found that social workers who rated their supervision as ineffective had much higher rates of emotional exhaustion and depersonalisation. Findings suggest that supervision is becoming less nurturing and more focused on accountability (Rogers, 2001) leading to greater dissatisfaction with support received. Mixed results have been found regarding whether burnout is linked to years of experience or caseload numbers, with some studies finding no association with either factor, (McFadden, 2015) and others

suggesting that higher caseloads may be linked to higher levels of stress (Kim, Ji & Kao, 2011). These results, alongside research on context-specific shame, suggest that stress and burnout in social workers may be less to do with their objective level or amount of work, but rather a combination of varied factors. These factors are relevant for further exploration, as contextual factors may be identified that can be addressed by employers in order to reduce burnout (Collins, 2008). It is important that these relationships are understood thoroughly, and that burnout is not simply viewed as a 'deficit' of a particular psychological factor within an individual (Lloyd, King, & Chenoweth, 2002). It is clear that individual, contextual and organisational factors all have an impact on a social worker's likelihood of experiencing shame, support and ultimately burnout, and by exploring these factors further, specific targets for intervention can be identified at each of these levels.

The primary objective of this study is therefore to investigate the links between self-compassion, shame and burnout in child and family social workers currently working in the UK. It is important to understand the relationships and possible interaction effects between the interconnecting factors discussed above, in order to inform interventions for qualified social workers in the field. With a greater understanding of these relationships, we can gain a better insight of where is likely to be the most helpful area to intervene and how to do so. Therefore, this study has a number of research questions designed to explore these links:

1. What is the relationship between self-compassion and burnout in qualified UK child and family social workers?
2. What is the relationship between shame (shame-proneness and context-specific shame) and burnout in qualified UK child and family social workers?
3. What is the relationship between self-compassion and shame (shame-proneness and context-specific shame) in qualified UK child and family social workers?

4. Is shame a moderating factor in the relationship between self-compassion and burnout in qualified UK child and family social workers?
5. What is the relevant contribution of experience, size of caseload, frequency of supervision, effectiveness of supervision, self-compassion and shame on burnout in qualified UK child and family social workers?

Methods

Design

This study used a web-based cross-sectional design. An online survey tool (JISC Online Surveys) was used to develop a set of internet-based questionnaires to collect quantitative data. This design was chosen to increase recruitment as much as possible in order to improve the statistical power of the study.

A proposal for this study was considered and internally reviewed by members of staff at the University of East Anglia. It also had ethical approval from the Faculty of Medicine and Health Sciences Ethics Committee at the University of East Anglia (ref 201819-020). A copy of this approval letter is included in Appendix G.

Participants and Recruitment

Participants included in this study were qualified social workers currently working within child and family services in the UK. Exclusion criteria included social work students, retired social workers, those working within other services or with other populations, and different professions. This information was provided through self-report data and was not officially verified. Sample size calculations were conducted using G*Power statistical analysis tool (Faul, Erdfelder, Lang & Buchner, 2007). Based on a medium effect size and a proposed power of 0.8, these calculations indicated that 64 participants were required for correlational analyses and 109 for a multiple regression. Therefore, the target sample size of this study was 109. See Appendix J for the outputs of these calculations.

The primary source of recruitment was through online social media channels, principally Twitter. Prominent social work bodies were directly approached and repeated tweets were displayed requesting participants including the recruitment poster included in Appendix H. Gatekeepers for recruitment were also identified within a local County Council. These were two Clinical Psychologists working within social care teams, who aided recruitment by sending the recruitment poster (see Appendix H) by email to their teams. These emails were sent out on four different occasions throughout the recruitment phase and were accompanied by discussions of this research within team meetings. The Chief Investigator also attended a meeting of team managers within the same County Council, who additionally sent out an email to their teams. Contact was also made with a local group of independent social workers who were part of the British Association of Social Workers (BASW) Independent group. The Chief Investigator attended a conference of this group where the study was advertised. Various charities or social work bodies were also approached for assistance in publishing the recruitment poster on their websites.

The final sample recruited through these various channels was 102, although two participants were later excluded. It is not possible to identify how many participants were recruited through each channel.

Procedure

Participants accessed the online platform through the various recruitment channels outlined above and were taken to an information sheet and statement of consent (See Appendix D). This included information about the purpose of the study, what was involved and the ethical considerations of the study such as risks, benefits, confidentiality and data storage. By clicking on the link at the bottom of the page, consent was assumed, in line with guidance for seeking proportionate consent using online surveys provided by the Health Research Authority (2017). Participants were made aware at this stage that their involvement

in the study was voluntary and that they were able to withdraw from the study at any point by closing the program and their data would not be saved. However, it was made clear that after completing all surveys, their data would no longer be able to be extracted from the anonymous dataset and therefore could not be removed.

After consenting, participants were taken to the measures outlined below. A copy of the survey that participants viewed can be found in Appendix E. Participation was not expected to take more than 20 minutes to complete, as based on pilot testing of the questionnaires with a group of local social workers. Finally, participants were taken to a page detailing debriefing information, including a thank you for taking part in the study, an explanation about what would happen with the results, and some self-help resources. A copy of this debriefing page can be found in Appendix F. Participants were also given contact details of the Chief Investigator for further discussions, questions or complaints, or to receive a summary of the result following completion of the study.

Measures

The following questionnaires were completed by participants. Where possible, short-form versions of questionnaires were used in order to reduce the burden on participants. All questionnaires had permission to be used within research settings and were not subject to copyright restrictions.

Demographic information. Participants were asked questions about their age, gender, current service area, years of service, years in current job, caseload number, frequency and perceived effectiveness of supervision.

Self-Compassion Scale-Short Form (SCS-SF) (Neff, 2003b). To measure self-compassion, participants were given the SCS-SF. The full-length version was developed to measure self-compassion and the short-form has demonstrated near perfect correlation with the full version ($r \geq 0.97$ in all samples; Raes, Pommier, Neff and Van Gucht, 2011). This

short-form has 12 items rated on a seven-point scale ranging from 1 (almost never) to 7 (almost always). It has been shown to have good validity and reliability in non-clinical samples (Hayes, Lockard, Janis & Locke, 2016), with Cronbach's alpha estimated at around 0.85 (Kelly, Carter, Zuroff & Borairi, 2013), and test-retest reliability of 0.71 over a period of five months (Raes et al., 2011).

Burnout Measure-Short Version (BMS) (Pines & Aronson, 1988). This scale was used to measure burnout and asked participants to rate the frequency of 10 items on a seven-point scale ranging from 1 (never) to 7 (always). Studies have found satisfactory psychometric properties of this scale, with Cronbach's alpha reported at 0.86 (Lourel, Gueguen & Mouda, 2008).

Test of Self-Conscious Affect (TOSCA-3) (Tangney, Wagner & Gramzow, 1989). This scale presents 11 scenarios to participants and asks them to indicate their emotional reactions. The results are scored to give a measure of shame-proneness and guilt-proneness. Adequate construct validity for the shame and guilt subscales has been established as well as high ecological validity (Tangney, Wagner & Gramzow 1992). Satisfactory levels of test-retest reliability and internal consistency have also been found for both subscales of this measure (Stromsten, Henningson, Holm & Sundbom, 2009). Exact figures for these scales are hard to give due to the differences in samples.

Event-Related Shame and Guilt Scale (Orth, Berking & Burkhardt, 2006). This scale is used to measure context-specific shame, and can be adapted for use with a range of different scenarios. Permission for adapting this scale was granted by the author for use within research settings (see Appendix I). Participants are given a scenario relevant to their job or experiences, in this case, 'the emotional impact of the work that you do'. This scenario was chosen following discussions with social workers in local authorities and within the research team after literature reviews were conducted in this area. It was decided that this

scenario would present a relatively common experience that may lead to ‘self-conscious’ emotions for social workers. Participants are then asked a series of questions about their response to this scenario, which tap into feelings of shame and guilt. Both of these emotions were assessed in relation to three groups; the families they work with, their own family and their friends. Each item was rated on a six-point scale ranging from 0 (not at all right) to 5 (completely right). The internal consistency of the original scale has been found to be high, with a Cronbach’s alpha coefficient of 0.96 for shame and 0.94 for guilt (Orth, et al., 2006). The validity of this specific adaptation of the scale was not assessed.

Data collection, storage and analysis

Participants filled in their responses on the online survey tool. Data was then pulled from this website and entered into an Excel spreadsheet and stored on an encrypted memory stick. There was no missing data, as the online platform required participants to answer all questions. 102 participants responded to all questions. As two of these respondents indicated that they were not social workers, they were excluded from the data analysis, leaving 100 participants. The online survey tool also collected data on the number of people who left at each page meaning their data was lost. This showed that 60 people left on page two, 27 on pages three to six and 3303 people on page one. This indicated that advertising of this study helped it to be widely seen, but suggested that many people who clicked the link were either unsuitable or unmotivated to complete the survey.

Results

Sample Characteristics

The majority of the sample were female (87%), and a small proportion were male (13%). A similar ratio of the gender of social workers was reported by the Department for Education (2019) (86% vs 14%) which indicated that this was a representative sample of the profession. The majority of the sample were employed full-time and worked within a Local

Authority. Responses showed that 64% of the sample fell within the age range of 26-45. 75% of the sample had a caseload of between 10 and 30, which is similar to the national average of 17.4. While 38% of participants worked in one area, 51% worked in 4 or more different areas. These sample characteristics are summarised in Table 3.1.

Table 3.1: *Sample characteristics*

Sample Characteristics		%
Gender	Male	13
	Female	87
Age	18-25	9
	26-35	35
	36-45	29
	46-55	21
	56-65	6
Sector	Local Authority	90
	NHS	3
	Charity	2
	Private	3
	Other	2
Caseload	Below 10	17
	10-20	34
	20-30	41
	30-40	6
	40-50	1
	50-60	0
	60+	1

Table 3.1: (continued)

Sample Characteristics		%
Working pattern	Full-time	86
	Part-time	14
Number of service areas	1	38
	2	3
	3	8
	4	17
	5	13
	6	8
	7	3
	8	1
	9	6
	10	2
	11	1

As shown in Figure 3.1 below, there was a spread of years of experience in the sample, but the majority (54%) had only been in their current job for less than two years. This is similar to national statistics which found that 59% of social workers had been working in their Local Authority for less than 5 years (Department for Education, 2019), which highlights difficulties in retaining social workers.

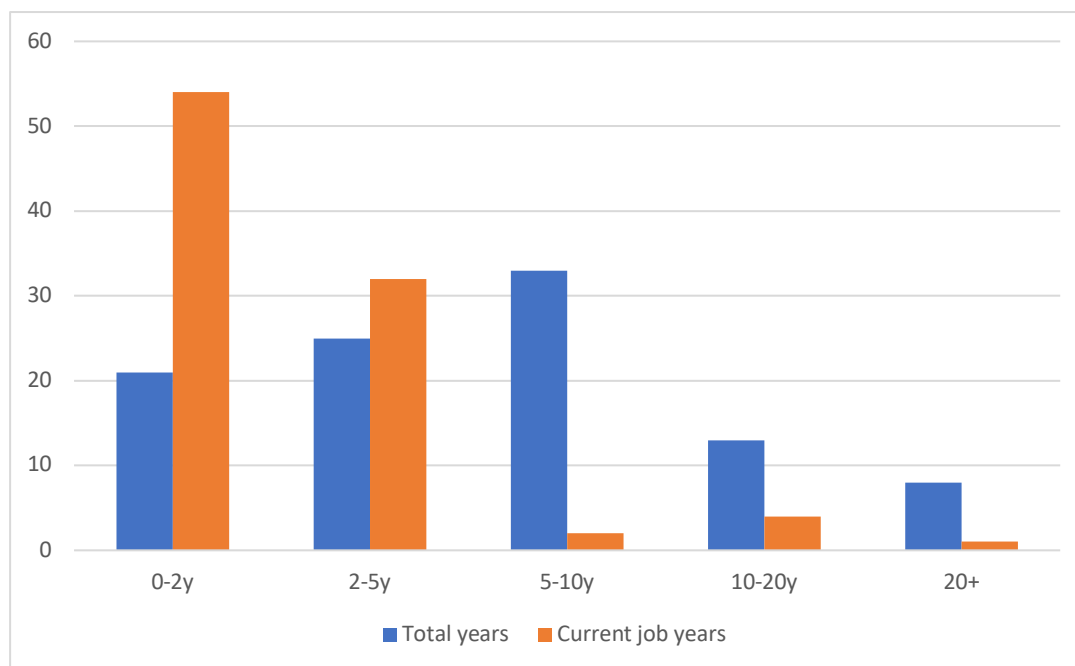


Figure 3.1: Graph to show the total years of experience and years in current job.

Supervision Responses

When asked about supervision, 42% said it was effective, 14% said that it was not and 44% said it was sometimes effective. 95% of the sample were supervised by another qualified social worker, with only five participants receiving supervision from a member of another profession. 75% of participants reported having supervision on a monthly or more frequent basis, which is in line with agreed national standards. However, 12% reported that they only have supervision every two months, and 13% less than every two months. See Table 3.2 for a summary of these responses.

Table 3.2: *Supervision Characteristics*

Supervision Characteristic		%
Frequency	Weekly	3
	Fortnightly	5
	Monthly	67
	Every 2 months	12
	Less than every 2 months	13
By whom	Social Worker	95
	Play Therapist	1
	Operations manager	1
	Nurse	1
	CEO	1
Effective	Yes	42
	No	14
	Sometimes	44

Levels of Burnout, Self-Compassion, Shame and Guilt

On the burnout measure, when mean scores were rounded to the nearest whole number, 35% of participants' average score fell between 1 and 3 (never, almost never or rarely), and 65% of participants' average scores fell between 4 and 7 (sometimes, often, very often or always). The most common score was 4, with 39% of this sample reporting that they 'sometimes' felt burned out, and the mean score was 3.829. These findings indicate that the majority of the sample experience burnout at least sometimes or more often than this, although this was not a universal experience.

The scores for self-compassion suggested that a large proportion of this sample of social workers do show self-compassion, with 77% scoring 3 or more on this scale, where 3 indicated a rating of 'sometimes'. Only one participant's total score was 1 which suggested showing almost no self-compassion. This indicates that self-compassion is not universally expressed or felt in this sample, but that the vast majority do show this attribute at least some of the time.

The scores of shame-proneness and guilt-proneness showed a high level of variation, particularly for shame, where the range of scores was from 11-50. This suggests that there was variability in the level of shame and guilt experienced by social workers. The scores for guilt generally fell within a narrower and higher range, indicating that this was a more common experience for social workers. There is even greater variability in responses on the event-related shame and guilt scale. Only 11 people reported no shame at all, with 89% of the sample therefore reporting that they felt at least some shame about the emotional impact of their work. Eight people reported that they felt no guilt, with 92% reporting that they did feel guilty at least some of the time, suggesting this is a slightly more common emotion. 9% of the sample scored above 40 on the shame subscale, and 14% scored above 40 on the guilt subscale. This suggests that a small minority of people are experiencing extremely high levels of shame and to a larger degree, guilt, about the emotional impact of their work. Table 3.3 below shows the mean scores, standard deviations and range of scores for each of the different scales.

Table 3.3: Results from each of the standardised scales

Scale	Mean score (Max)	Standard Deviation	Range of scores
Burnout	3.829 (7)	0.90	1.9-6.4
Self-Compassion	2.878 (5)	0.58	1.33-3.92
Shame-proneness	33.75 (55)	7.72	11-50
Guilt-proneness	46.45 (55)	4.88	30-55
Event-related shame	17.17 (60)	13.82	0-60
Event-related guilt	21.31 (60)	15.15	0-60

Burnout: Possible scores range from 1-7. A score of 3.4-4.4 indicates burnout, a score of 4.5-5.4 indicates serious burnout.

Self-Compassion: Possible scores range from 1-5. A score of 1-2.5 indicates low self-compassion, a score of 2.5-3.5 indicates moderate self-compassion and a score of 3.5-5 indicates high self-compassion.

Shame-proneness: Possible scores range from 0-55. A score of 0-24 indicates a low level of shame, a score of 25-32 indicates an average level of shame and a score of 33-55 indicates a high level of shame.

Guilt-proneness: Possible scores range from 0-55. A score of 0-38 indicates a low level of guilt, a score of 39-45 indicates an average level of guilt and a score of 46-55 indicates a high level of guilt.

Event-related shame: Possible scores range from 0-60. Higher scores indicate higher levels of shame. There are no cut-offs for levels of shame on this scale.

Event-related guilt: Possible scores range from 0-60. Higher scores indicate higher levels of guilt. There are no cut-offs for levels of guilt on this scale.

Correlational analyses

To answer research questions one to three, a number of correlational analyses were carried out to investigate the relationships between self-compassion, burnout, shame and guilt in more detail. Due to these multiple correlations, the Bonferroni correction was applied to these tests, which reduces the chance of a Type I error. An accepted significance level was originally used of 0.05, which was divided by the number of correlations (9), to give a new significance level of 0.0056. The matrix in Table 4 shows the results of these correlational analyses. In all cases, Pearson's correlation was conducted. Sample size calculations were

conducted using G*Power statistical analysis tool (Faul, Erdfelder, Lang & Buchner, 2007) which indicated a minimum sample of 64 participants were required for this analysis which was exceeded in this study. Appendix J details the G*Power analysis output for this calculation.

Table 3.4: *Summary of Correlational analyses*

	Burnout	Self-Compassion
Burnout	1	-0.457**
Self-Compassion	-0.457**	1
Shame-proneness	0.264*	-0.567**
Guilt-proneness	-0.047	0.059
Event-related shame	0.487**	-0.531**
Event-related guilt	0.0369**	-0.486**

Significant at the level of 0.05=; Significant at the Bonferroni corrected level of 0.0056=***

As shown in Table 3.4, there were three relationships between burnout and other factors that were significant when the Bonferroni correction was applied. There was a significant negative correlation of moderate strength with self-compassion, a significant positive correlation of a moderate strength with event-related shame and a significant positive correlation of low strength with event-related guilt. These results show that increased levels of burnout were associated with increased levels of event-related shame and event-related guilt, and decreased levels of self-compassion. The relationship between shame-proneness and burnout was significant at the generally accepted significance level, but did not meet significance after the Bonferroni correction was applied. There was no significant relationship between guilt-proneness and burnout.

Self-compassion was found to have statistically significant relationships with three other factors as well as burnout. There was a strong negative correlation with shame-

proneness, a strong negative correlation with event-related shame and a moderate negative correlation with event-related guilt. These results show that increase levels of self-compassion were associated with decreased levels of shame-proneness, event-related shame and event-related guilt. There was no significant association between self-compassion and guilt-proneness.

Moderation Analysis

Two moderation analyses were carried out to establish whether shame-proneness or event-related shame moderated the relationship between self-compassion and burnout. The process followed the guidance from Hayes & Rockwood (2017). Two hierarchical multiple regressions were run to assess the increase in variation explained by the addition of the two interaction terms to a main effects model. These were interaction terms between shame-proneness and self-compassion and between event-related shame and self-compassion. Moderation would be seen to have occurred if the direction and/or strength of the relationship between self-compassion and burnout was affected by either shame-proneness or event-related shame. To avoid multicollinearity with the interaction term, all continuous variables were centred during this analysis.

Shame-proneness did not moderate the effect of self-compassion on burnout scores, as evidenced by an increase in total variation explained of less than 0.1%, which was not statistically significant ($F(1,96)=0.013, p=0.909$). Event-related shame also did not moderate the effect of self-compassion on burnout scores, as evidenced by an increase in total variation explained of 0.3%, which was not statistically significant ($F(1,96)=0.425, p=0.516$). These results indicate that there was no evidence of moderation effects found, with the relationship between self-compassion and burnout not changing with the presence of high compared to low levels of shame-proneness or event-related shame.

Multiple regression

To answer research question five, a multiple regression was carried out to explore the relative contribution of a series of predictors to level of burnout. Entered into this multiple regression model were the factors that were significantly correlated with burnout in the univariate analyses carried out above, as well as additional factors thought to have theoretical contributions to burnout. Therefore, the independent variables entered into this model were self-compassion, shame-proneness, event-related shame, event-related guilt, caseload number, frequency of supervision, effectiveness of supervision and years of experience. The dependent variable for this analysis was the level of burnout. Sample size calculations were conducted using G*Power statistical analysis tool (Faul et al., 2007). Based on a multiple regression analysis with eight independent variables and a medium effect size (0.15) this indicated that a minimum sample of 109 participants was required. Although this sample did not quite meet this minimum, advice from statisticians was that this analysis could be carried out with some awareness of this and therefore due caution. Appendix J details the G*Power analysis output for this calculation. A significant regression equation was found ($F(8,91)=8.120, p<0.001$), with an R^2 of 0.417. This shows that 41.7% of the variance in burnout can be explained by this model, and that this is a good fit for the data. Four predictors were found to statistically significantly add to the prediction, ($p<0.05$; self-compassion, event-related shame, caseload number and number of years since qualification). This suggests that by knowing the level of these four factors, one is able to predict the level of burnout experienced. The other predictors did not statistically significantly add to the prediction. Regression coefficients and standard errors are displayed in Table 3.5. These results indicate that the moderate effect sizes were found for self-compassion and event-related shame, while small effect sizes were found for caseload and years of experience.

Table 3.5. *Summary of Multiple Regression Analysis*

Variable	<i>B</i>	<i>SE_B</i>	<i>Beta</i>
Intercept	3.970	0.849	
Self-Compassion	-0.504	0.164	-0.329*
Shame-proneness	-0.014	0.012	-0.120
Event-related shame	0.024	0.009	0.374*
Event-related guilt	-0.005	0.008	-0.084
Caseload	0.203	0.078	0.222*
Freq. supervision	0.103	0.089	0.098
Eff. supervision	0.153	0.080	0.158
Years experience	0.129	0.065	0.170*

B=Unstandardized regression coefficient; SE_B=Standard error of the coefficient;

*Beta=Standardised coefficient; *p<0.05*

Discussion

The aim of this research study was to explore the relationships between self-compassion, shame and burnout in a sample of UK social workers. To do this, responses from 100 (n=2 excluded) social workers were analysed using a range of statistics. It is important to understand these factors and the relationships between them in greater detail to inform future interventions to support social workers who risk experiencing the negative impact of stress and burnout.

The multiple regression model suggested that self-compassion, event-related shame, caseload number and length of qualification were the only significant predictors of burnout. This has clinical implications for those groups who could be identified for support and interventions, and what these interventions should target. The implication is that regardless of an individual's predisposition to feel shame, those who experience shame at work due to the

emotional impact of their work or significant organisational factors should be offered support, as well as those who are less able to be self-compassionate. Similarly, social workers with a high caseload or those who have been qualified for a longer time could be offered additional support, or organisational changes could be made to reduce these caseload numbers. This may be due to the increased responsibility that comes from additional years of experience or additional cases. It is also important to note the high proportion of participants who work in four or more areas. This may add to the complexity and demands of their job role, and may additionally be associated with higher caseloads. It was not possible within this study to investigate these associations further. An interesting finding was that supervision was not a significant predictor of burnout, which may be for a variety of reasons. Only 42% of the sample felt that their supervision was effective, but it was unclear why this was the case. Although this study asked respondents about the frequency of their supervision, they were not asked whether they felt this was enough or whether supervision should be more frequent than they currently receive. This is an area that could be explored in more depth to establish whether any specific practices within supervision make an individual more or less likely to experience burnout.

Although this multiple regression analysis is a more sophisticated statistical exploration of the relationships between these factors, the sample size for this analysis was 100, and the required sample size for this regression was 108. This means that this study is slightly underpowered which may have resulted in some effects that have practical importance not being detected i.e. other factors within the regression model being excluded mistakenly. Correlational analyses require smaller sample sizes, meaning that the power for these analyses was higher, leading to greater confidence in these results. Therefore, the correlational relationships found are also discussed within this section. These are represented in Figure 3.2 where red lines indicate a positive correlation, blue lines indicate a negative

correlation and the width of the line represents the strength of the correlation. The dotted line represents a non-statistically significant relationship at the Bonferroni corrected level, although significant at the conventional level.

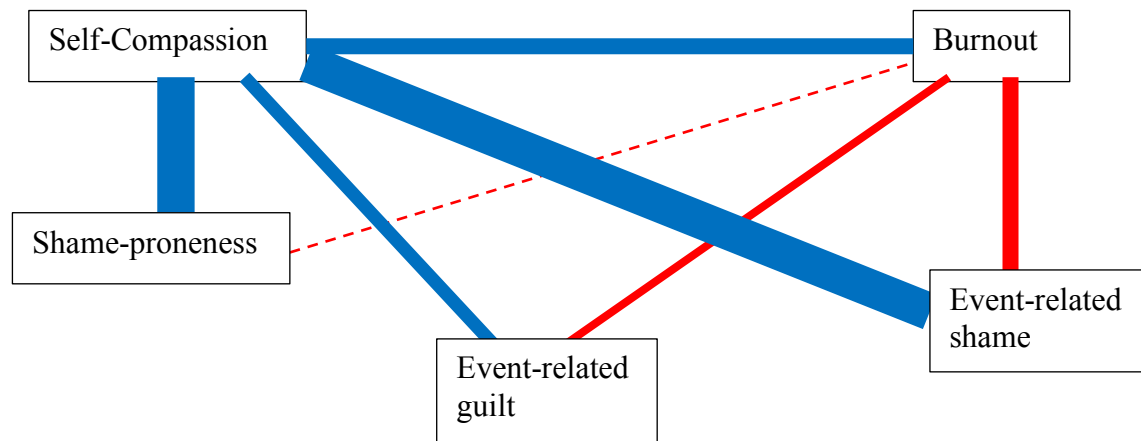


Figure 3.2: *A pictorial representation of the relationships between the factors investigated.*

These results suggest that the strongest relationship between these factors were the negative correlations between self-compassion and both shame-proneness and event-related shame. This suggests that as self-compassion increased, both types of shame significantly decreased. Moderately strong relationships were also found between self-compassion and burnout, and event-related shame and burnout. This suggests that the more self-compassion that a social worker displayed, and the less event-related shame they felt, the lower their levels of burnout were. It is particularly important to highlight that the negative correlation between shame-proneness and burnout was only significant at the conventional level and not when this was corrected for multiple comparisons. This suggests that although there may be a relationship this is low, indicating that the likelihood of experiencing shame in general was less associated with burnout. This pattern suggests that the important aspect of shame to identify is that felt from the emotional impact of the work, as this is both highly correlated with self-compassion and moderately correlated with burnout. These results are supported by the findings from the multiple regression which found that event-related shame was a significant predictor of burnout, whereas more general shame-proneness was not. The

moderation analysis indicated that the relationships between self-compassion and burnout, and both types of shame and burnout were independent from each other.

Guilt-proneness was not significantly related to either burnout or self-compassion which suggests that a guilt reaction to an adverse event was not associated to these factors. However, event-related guilt was significantly associated with self-compassion (moderately) and with burnout (low-moderate). This implies that there may be something about the context of work and feeling any kind of negative emotion in response to this, which impacts on an individual's level of self-compassion and burnout. However, within the multiple regression model, event-related guilt was not a significant predictor of burnout, which indicates that it is less important to consider than event-related shame.

The conclusions from the results of these analyses taken together suggest that social workers do experience burnout and also experience shame within the context of their work and the emotional impact that this has on them. Although this is not a universal experience, there are a significant proportion of social workers who are experiencing these negative aspects of their job. It is therefore important to support social workers and provide ways to reduce these negative experiences. It can also be concluded that a significant proportion of these social workers have a reasonably high level of self-compassion, and that this is significantly related both to their experiences of burnout and also the likelihood that they will experience shame. The findings suggest that self-compassion remains an important target for interventions, and it indicates that by encouraging self-compassion, social workers may experience less burnout and less shame at work. While interventions have been developed to target general self-compassion for individuals, such as through the use of Compassionate Mind Training (Gilbert & Proctor, 2006), these results suggest that this may be more useful if targeted towards developing more work-specific compassion and therefore reducing context-specific shame. This may be achieved through providing reflective spaces for social workers

to process difficult emotions, or through other individual-level processes such as within one-to-one supervision or through personal development training. Alongside this, change at the organisational level is likely to be an important area of development. Previous research has found that, for example, increasing the respectful treatment of employees has been associated with reduced shame (Braithwaite, Ahemed & Braithwaite, 2005). A recent Care Crisis Review (2018) highlighted the need to move away from the current focus on performance and process, and emphasised the importance of re-centring the focus on ensuring the protection and best outcomes for children and families. In doing so, social workers may experience lower levels of burnout and therefore be more likely to remain in their job. The descriptive data which suggested that the majority of social workers had only been in their current job for less than two years, despite being qualified for significantly longer, suggests that currently retention within jobs is low. This is something that organisations could be aware of, and requires further investigation to see whether changes can impact on rates of turnover.

Strengths and Limitations

Statistically, although the regression model tested was a very good fit for this data, it is possible that by doing univariate analyses first and then entering the significant factors into the model may have led to it becoming 'over-fit'. Therefore, although this model may explain this pool of data very well, it may be less generalisable to the wider population. The multiple regression model only accounts for just less than half of variance in burnout. This suggests that there are likely to be other factors that were not included in this study which may contribute to the likelihood of experiencing burnout. Further research is required to identify these additional factors. Additionally, the sample size did not quite meet the minimum criteria for performing a multiple regression, so further research with larger sample sizes are required to replicate these findings and provide more confidence in these relationships.

Methods used to recruit this sample of social workers may have led to a bias towards those who have stronger views about these issues. These may be social workers who are likely to score particularly high on measures of burnout as they are passionate about this issue. Alternatively, due to time pressures of the job role of a social worker already discussed, participants may be those who have more time and therefore score lower on levels of burnout. It is important to consider these possible impacts of the sampling bias and future research could seek to recruit a more representative sample using alternative recruitment methods. This sample was also limited to social workers currently working within the UK. This sample was chosen as different countries may have different systems and this would allow examination of a more homogenous population. However, this does mean that results cannot be generalised to social workers who are working outside of the UK.

The use of an adapted questionnaire (Event-Related Shame and Guilt Scale) for this study is a limitation, as the adaptation may have reduced the validity of the measure. Although the original measure has been reported to have a high Cronbach's alpha, as the wording of this measure was changed, it is unclear how valid it was for this sample. The adaptation was performed with the author's permission, and is not drastically different from the original which suggests that estimates of validity may be similar. However, this was not formally assessed within this study. There are a wide range of measures developed to assess shame and which have been used within other research studies in this topic area. This may lead to different results found using different questionnaires and causes some difficulty in directly comparing the results of this empirical study to some of these previous results.

The methodology chosen to measure supervisory effectiveness was a single item, which can cause difficulties in concluding firm conclusions about this topic. This was chosen as it was not a core factor of investigation, and time taken to complete the questionnaires was considered. However, this was included as a variable in the multiple regression model, and

was found not to be a significant factor. It is difficult to draw a conclusion that the effectiveness of supervision does not contribute to burnout, as a single item measure of this is unreliable. Further investigations using validated measures of supervisory effectiveness are needed.

All scales used within this study were self-report and therefore do not give independent assessments of the factors explored, such as shame or self-compassion. Instead, these results give information about participants' own perception of these factors, rather than objective measures of these. Additionally, due to these questions being asked via an online survey rather than interviews, individual interpretations of the questions could not be assessed and themes could not be further explored. This methodology was chosen to increase the possible sample size to allow statistical analyses to be completed, but may need to be completed by future research expanding on these results using different methodologies.

Using this methodology, the relationships found are correlational rather than causal, which reduces the level of confidence with which we can conclude the mechanisms of these factors. It is therefore difficult to establish the direction of the relationships found, whereby increased self-compassion may have led to burnout, or burnout may cause an individual to feel less self-compassionate.

This study also has a number of strengths, such as the similarity of gender split, age range and average caseload compared to recent national statistics (Department for Education, 2019). This suggests that the results from this study are representative and therefore generalisable to the wider population of social workers in the UK. The sample size was also large which again adds to the generalisability of the findings. This study is addressing a gap in the literature which has not been investigated before. Self-compassion and shame in social workers have been areas which have received little attention in the research literature, and this has highlighted an area for important developments and further research. Specifically,

this is one of the first empirical studies to consider the differences between shame-proneness and context-specific shame and has found important results in this area.

Directions for future research

Replications of this study or similar variations in other countries will be useful to see whether these findings are unique to UK social workers or relate to issues for the global job role of a social worker. More qualitative research will also be useful to facilitate greater understanding of the existence and experience of these factors, particularly shame, for social workers. This research indicates that social workers feel shame but it is unclear what this feels like or how participants would describe this. Theoretical models (Gibson, 2019) suggest ways in which this may be experienced, and strategies to cope with this difficult emotion, but directly asking social workers about this will be a vital part of future research. Related to this, exploring what aspects of professional practice may contribute to feelings of shame will also be important. These negative feelings may be due to level of responsibility, the impact of what 'failing' might mean for a social worker, having an idealistic view of social work or fear of public opinion, among other factors. An exploration of the possible determinants will be important to understand this emotion in greater depth. It is likely that shame may be an experience within other areas, and research could be conducted to explore where else this might be common, such as in other helping professions e.g. medicine, teaching and psychology. Establishing if there are common elements of these jobs that may induce shame will be useful.

As well as further research into these difficulties, future research and development could be done to continue to assess the effectiveness of self-compassion or shame-based interventions. It will be important to consider these findings about context-specific shame when designing and implementing these interventions. The creation and development of

interventions specifically for the social work profession, or professions experiencing context-specific shame could be considered and trialled to explore their effectiveness.

Conclusion

This study explored the relationships between stress and burnout, self-compassion and shame in a sample of UK child and family social workers. It identified the importance of context-specific shame, which is a concept that has not received wide research attention previously. The results of this study have implications for support that could be offered to social workers, as well as suggestions for organisational-level changes or considerations for the profession as a whole.

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Chapter Four. Extended Results

Chapter Four

Extended Results**Statistical Assumptions**

Correlational Analyses. A series of correlational analyses were conducted to explore the relationships between self-compassion, shame-proneness, event-related shame and burnout. All variables included in these correlations were continuous and each participant had related pairs of data points for each variable. Linearity was determined for each analysis, as assessed by visual inspection of scatterplots showing ‘straight line’ relationships. No outliers were found for any of the variables, assessed by visual inspection of a series of scatterplots, so all data was included in the analyses. Normality was assessed using visual inspections of histograms and using the Shapiro-Wilk test of normality. All histograms showed normal distribution and no Shapiro-Wilk results were significant to indicate a significant difference from normal distribution (all were above 0.05).

Moderation Analyses. Two moderation analyses were conducted to explore whether there were any moderating or interaction effects of either shame-proneness or event-related shame on the relationship between self-compassion and burnout. To carry out these analyses hierarchical multiple regressions were carried out. The independent and dependent variables using in these analyses were both continuous. Linearity was assessed using visual inspection of a scatterplot and was determined to show linearity for both analyses. There was no multicollinearity, with all tolerance values greater than 0.1. No outliers or leverage points were detected. One influential case was detected with a Cook’s Distance greater than 1. All cases were kept in on further examination. There was homoscedasticity as shown by the normal ‘scatter gun’ appearance of a plot of studentised residuals and predicted values. Normality was established through visual inspection of histograms and with all the values from Shapiro-Wilks tests being above 0.5 and therefore not significant.

Multiple Regression. A multiple regression was conducted to predict burnout from a range of independent variables. The dependent variable in this analysis was continuous and there were two or more independent variables that were either continuous or nominal. Independence of the observations was assessed using the Durbin-Watson statistic. The value of this was 2.096 indicating that there was independence of residuals. Linearity was assessed using partial regression plots which all indicated linear relationships and a plot of the studentised residuals against the predicted values which also showed that the relationship was likely to be linear. There was normality of residuals as shown by a histogram and by a normal PP plot with data points falling close to the line. There was homoscedasticity as shown by the normal 'scatter gun' appearance of a plot of studentised residuals and unstandardized predicted values. There was no evidence of multicollinearity, with all tolerance values greater than 0.1. One case was found to have a standardised residual of more than 3 standard deviations and one case was also found to have a studentised residual of more than 3 standard deviations. One case was also found to have above the 'safe' value of leverage, greater than 0.2 However, no cases had values for Cook's distance above one. All cases were kept in the analysis following further examination as no case was problematic in all areas.

Additional Analyses

Event-related shame subscales. The event-related shame scale is able to be split into three subscales, to give a separate score for shame felt when with work colleagues, family and friends. The questionnaire is designed to ask social workers to think about the emotional impact of their work, and then to think about how each of the statements feels when they are with one of these three groups. Additional correlational analyses were carried out to explore whether there were differing relationships or strengths of associations to burnout between each of these subscales. This was not included in the main paper as these correlations were not planned during the design of the study. Significant positive correlations were found for all

three subscales (work colleagues – $r(98) = 0.511, p < 0.001$; family – $r(98) = 0.426, p < 0.001$; friends – $r(98) = 0.389, p < 0.001$). The relationship between shame when with work colleagues to burnout was strong, whereas when with family the relationship was moderate and with friends it was low-moderate. This suggests that thinking about the emotional impact of work whilst at work with colleagues is the most strongly associated with burnout.

Additional Qualitative Information. During the data collection phase, the Chief Investigator was contacted by a participant who offered their lived experience of this issue. Permission was given by this participant for quotes supplied by themselves to be included within this thesis portfolio in the extended results section. As this was not an original component of the thesis project, this additional permission was sought and discussed both with the anonymous contributor and the research team. This highlighted the personal impact of this topic and highlighted the challenge of doing research in an emotive area; this led to information being provided that was not planned to be collected, and raised boundary issues as the Chief Investigator was contacted directly. During research supervision these issues were discussed and it was agreed that the information provided by this anonymous contributor was important to explain the issues discussed in this thesis. Therefore, the information is included here with permission.

Personal reflections about this part of the research include the ethical dilemma presented regarding including information not originally sought during this project. This highlighted the role of research in impacting on clinical work and the experiences of individuals, as well as ensuring that the research is conducted in a rigorous and valid way. There were some uncomfortable feelings around boundary violations due to the direct contact of this participant, but this was dealt with in a professional and transparent way, with all of the research team being aware of this. This experience highlighted the value of this research

for the Chief Investigator and showed that this is an important area of exploration, further strengthening the decision to include this within the thesis portfolio.

A discussion of the experience given by this participant is important, to illustrate the reality of this issue, particularly considering the impact of shame on this particular social worker. This highlights the importance of supporting social workers and providing ways to attempt to reduce these negative experiences. The theory from a basic thematic analysis was used to summarise the data given by this participant (Braun & Clarke, 2006). There are difficulties with the validity of using data from one participant to develop themes, and the method used was not a formal thematic analysis, due to the lack of data from which to draw common themes. The topics illustrated from the experience of this one participant are grouped and described below.

Topics from this extract of lived experience included a lack of support from the organisation, pressure or fear of shame, a conflict between the individual's own and the organisational expectations, and suppressing emotions.

Lack of care and support. This summarises this individual's experience of working within a local authority which they felt did not support their needs. After ten years of employment, this individual said that 'considering it is supposed to be a caring profession, they do not care about people or their staff.' They reported that supervision was 'task driven and procedural, mostly about meeting targets. It was never emotionally sensitive; it did not ever consider secondary trauma and/or compassion fatigue.'

Pressure or fear of shame. This individual reported a feeling of having to 'prove myself' within a context where 'the atmosphere was not so good to work in' and where '...rising unrealistic expectations [were] placed before me in my job'. They reported that 'weekly by email, spreadsheets were sent round the whole authority naming social workers whose work was out of date, without any context; that message of not being 'good enough'

when working as hard as I/we did was soul destroying'. This pressure was not only felt from organisations, but also from the media; 'I felt the weight of the media and public criticism and [was] frightened of the naming of social workers in the media as being to blame. I could imagine that it could happen to me.'

Conflict of own vs organisational standards. This area highlighted the reports from this individual that their own priorities within the profession were different from those emphasised by the local authority as a whole. This individual reported that 'I had concern about the quality of my work as meeting deadlines seemed more important than spending time with children and families.' This individual spoke about coping with this pressure or fear of shame by trying to balance these two competing demands; 'In order to swim and not sink, I went through a stage of trying to be very procedural in my approach as this seemed to be the organisational line, but I felt conflicted with this and I was worried about some of the children and young people on my caseload'

Suppressing emotions. The outcome of much of this pressure was for this individual to suppress their emotions, reporting that '...I tried very hard to be "tough", not show "weakness" or be "emotional".' They explained that if they were upset due to their work they 'felt very embarrassed and foolish.' This was expressed with some anger, stating 'why should I have to switch off to it emotionally?' They summed up this point by simply stating that '...some excellent, kind, caring, compassionate social workers come into practice, give it their all, have some bad experiences, cry at their desk, cry in the toilets and then they leave.'

It is important to use caution when drawing too many conclusions from these themes or topic areas, as this is the experience of just one individual working within one local authority. However, the issues highlighted by their experience align with the literature discussed elsewhere in this thesis and it is important to make links to the human experience that is impacted by these factors.

Chapter Five.

General Discussion and Critical Evaluation

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General Discussion and Critical Evaluation

The aim of this thesis project was to review social worker's perceptions of supervision, and to explore some of the factors that contribute to burnout in this profession. The research aimed to identify key elements that could be useful for future interventions or amendments to the current social work profession, by investigating the relationships between self-compassion, shame and burnout in greater depth as well considering social worker's experiences of supervision.

A systematic review synthesised literature exploring social workers' views and experiences of receiving supervision within their profession. The results of 19 studies were extracted and a process of thematic analysis was conducted. This resulted in four main themes (organisation, session, supervisor and relationship), with corresponding sub-themes that describe what social workers reported as useful about supervision. Organisational factors included supervision being valued by the organisation and a lack of pressure or control. The theme of the session included aspects of the content and also practical aspects. The content was reported to be useful when it included feedback, reflection, knowledge and professional development, emotional support, a focus on direct clinical work, included challenges, had direction and was flexible or balanced. Less useful was when sessions were task-based. Practical aspects included time, the context within which supervision was delivered and having consistency and frequency. The supervisor was an important theme, including their position as someone respected, their personal attributes and their skills or experience. Useful supervisory attributes included having admirable values, being genuine, approachable and available and not being controlling. Important skills and experience included those in clinical, leadership and organisational areas. Finally, the supervisory relationship was viewed as important, with sub-themes detected about equality, support and trust and safety.

An empirical study was also carried out, which aimed to explore the relationships between burnout, self-compassion and shame in UK social workers, using an online survey. A series of analyses were conducted and found that there were strong relationships between these factors. The findings from each of these papers will be summarised within the context of the literature of this topic.

Summary of the findings in the context of the literature

The experience of stress and burnout has been highlighted as common within the profession of social work (Grant & Kinman, 2014), with estimates of 91% of a UK sample reporting emotional exhaustion (McFadden, 2015). The results from the empirical study in this thesis supports these results, indicating that qualified UK social workers do experience high levels of burnout. Burnout in this profession can lead to difficulties with staff retention (DePanfilis, 2006) as well as negative effects on the wellbeing of those affected (Lloyd, King & Chenoweth, 2002). Previous research has linked the factor of self-compassion to burnout within various professions (Beaumont, Durkin, Martin & Carson, 2016; Gustin & Wagner, 2013; Walker, 2017) finding that increased levels of self-compassion have been associated with reduced levels of stress and burnout. This empirical study extends the research literature to focus on UK qualified social workers and shows agreement that there is a strong negative relationship between self-compassion and burnout. This supports current approaches within social work to introduce interventions to help cultivate self-compassion in social workers (Grant & Kinman, 2014).

The importance of shame is an emerging field in the literature within this area, which suggests that an experience of shame can interfere with self-compassion (Woods & Proeve, 2014). However, there is a lack of evidence to show whether shame is a common experience for qualified social workers (Gibson, 2019), with much of the existing research focusing on shame as an experience for patients rather than professionals (Goldberg, 1991; Miller, 1996;

Lansky & Morrison, 1997). Recent evidence suggests that social workers may be vulnerable to experiencing a range of 'self-conscious emotions', such as pride, humiliation and shame from various sources or mechanisms (Gibson, 2019). This may be because social workers experience a conflict between their own standards and those emphasised by the organisation they work in (Gibson, 2019). In an attempt to deal with these conflicts, social workers may show a range of responses, either internalising the institutional standard, complying with the minimum requirements or superficially complying, with a small proportion attempting to resist or make changes to the current organisational pressures. The result is that social workers currently work within a culture where the fear of being shamed motivates professionals to meet deadlines, as well as being expected to make difficult decisions without being affected by the emotional impact of this (Horwitz, 2010). Indeed, research supports that social workers report feeling a need to act in the way that their organisation expects, to avoid being ostracised from the profession (Smith, McMahon & Nursten, 2003). Social workers also report that they feel they are expected to 'never complain' or to take time off as this is likely to result in a shaming response from their organisation (Galpin, Maksymlyuk & Whiteford, 2019).

The results of this empirical study support this conceptual framework, as the relationship between event-related shame was found to be highly significantly related to burnout, compared to the low relationship between shame-proneness and burnout. This could support the suggestion that social workers experience the dilemmas posited in the work carried out by Gibson (2019), namely context-specific shame. The empirical paper found that some social workers reported feeling no shame, and these may be those who have internalised the institutional standards and are therefore not experiencing the uncomfortable feeling of being shamed by the organisation or by themselves in not delivering the care that they feel is ideal. Alternatively, these individuals may be those who work within

organisations that do not have these difficult dynamics or institutional standards that conflict with their own. Further research, perhaps using qualitative methods is needed to explore the experience of shame in social workers further to determine what this is like and where social workers perceive this shame to originate.

The importance of other contextual factors regarding a social worker's job role must not be ignored. For example, research supports the findings within the empirical paper described here that level of caseload and years of experience contribute to the level of burnout experienced (Thomas, Kohli & Choi, 2014). These are factors that will be required to be considered within job planning for social workers, to ensure that they are well supported. Supervision has been long established as a part of the social work profession, and is widely reported as useful (Hensley, 2003). In fact, recent reports describe supervision as one of the most important determinants of positive outcomes and an effective service (Skills for Care and CWDC, 2007). Despite not being a significant predictor within the empirical paper, the systematic review confirmed that there are aspects of supervision that are extremely useful for social workers. Many of these aspects are those that are agreed to be useful by the supervisors providing this (Bogo & McKnight, 2006; McPherson, Frederico & McNamara, 2015). However, recent discussion has focused on the social work profession as within a context of accountability and risk prevention (Beddoe, 2010). The emphasis on these aspects of supervision has been suggested to be more important to supervisors than supervisees (Radey & Stanley, 2018), which is supported by the findings in this systematic review. Some argue that supervision may be at risk of becoming a way in which social workers can be monitored (Johns, 2001), with a move away from the aspects that have been highlighted in this systematic review as being useful. A recent survey conducted by BASW (2011) found that although 58% of respondents felt that their supervision covered case issues, 70% felt it did not cover emotional issues, and 62% reported it did not cover professional development.

Despite this, 91% of respondents reported wanting to receive supervision monthly or more frequently, although only 64% did receive it this often. Therefore, it is important to consider what the purpose, format and content of supervision is, as evidence supports that useful and good quality supervision can lead to a range of positive outcomes, but that reactive supervision with a focus on risk and surveillance can be detrimental (Beddoe, 2010). Clearly management and administrative tasks are vital in order to protect the safety of service users (Clare, 1988), but recent suggestions may be that this should be separated from the other aspects of supervision that may be more neglected within the current climate of social work (Beddoe, 2010). A link between the findings in the systematic review and those in the empirical paper may be that the existence of shame within social work is in turn creating problems for supervisory practices. As such, supervisors are likely to experience the same dilemmas as supervisees in terms of conflicts between their own and institutional standards, and in fact may even experience this to a greater degree. These feelings of shame may therefore be impacting on the supervision that they deliver, which may negatively impact on the social workers receiving it.

Clinical Implications

The clinical implications of the findings from this thesis are that burnout and context-specific shame are both concepts which can cause difficulties for social workers and require monitoring as well as further exploration. Due to the strong positive correlation between shame and self-compassion, it will be important to identify shame responses as early as possible in order to reduce the experience of burnout. Shame may still be considered a taboo topic amongst professionals, and one which elicits strong and uncomfortable feelings (Brown, 2006) which may prevent discussions about this experience. However, the implication from this research is that this is a shared experience which requires careful

thought about how to encourage conversations about these issues, perhaps through supervision or team meetings.

Similarly, the negative relationship between self-compassion and burnout suggests the importance of interventions that may help to increase resilience by supporting social workers to be more self-compassionate. This may involve the introduction of mindfulness-based groups that have found to be effective for groups of helping professionals (Newsome, Waldo & Gruska, 2012), or specific training on compassion-focused therapy (Beaumont, Irons, Rayner, & Dagnall, 2016). Individual organisations may wish to approach this in different ways, but attempts to increase the self-compassion of social workers seems likely to have a positive impact on burnout.

There are some contextual issues which could be addressed by management or organisational changes, in order to reduce the context of shame within this profession. This could involve attempts to bring the individual and institutional standards closer together through discussion and collaboration. Factors such as the size of an individual's caseload and years of experience should be kept in mind, to ensure that social workers are protected from unrealistic amounts of pressure, with constant checking of stress levels. Many of these contextual factors go further than the individual teams and rather permeate the social work profession as a whole, such as the culture of performance management and inspections. These are factors that are common in many settings such as health and social care, making change at this level difficult. However, the impact of these somewhat necessary procedures must be considered. Supervision is a key element in creating and sustaining some of these changes, and provides an important opportunity for a discussion of these points. Although case management and administrative tasks will continue to be important, space for reflection and learning is vital. Unfortunately, inherent aspects of the job role of a social worker will continue to be stressful and complex (BASW, 2011), but the effectiveness of individuals can

be increased if supportive and valuable supervision is received (Tsui, 2005). A clear clinical implication from this research is that a refreshing of the idea of supervision and a consideration of the views of those receiving it is vital (Beddoe, 2010).

This discussion takes place within the context of a very recent change in the social work regulating body which is the third change within eight years. This may provide an opportunity to look more closely at the purpose and utility of close regulation of this profession, to achieve a balance between keeping service users safe and reducing the culture of shaming which can be a by-product of this monitoring. Surrounding the profession are also further circles of influence, including the wider society and the impact of the media. A lack of clear understanding of the job role of a social worker can cause difficulties in scapegoating or judging professionals due to their actions, which can have huge detrimental impacts on individuals and their feeling of shame. If this is further compounded by a lack of support from organisations, these can have extremely serious impacts on the wellbeing of social workers. A clear clinical implication is to educate the public more regarding the role of a social worker, and reduce the need for individual blaming and therefore shaming.

Strengths and Limitations

The papers within this thesis were the first of their kind to explore some of these issues and factors within the field of social work, particularly considering the impact of context-specific shame. The empirical study recruited a large sample size which allows for greater confidence in the results found. The sample was also representative of the wider UK population of social workers in terms of age and gender compared to the national statistics. However, this sample was limited to only UK social workers which means that the findings cannot be generalised to social workers who work elsewhere. There is also a possibility of sampling bias as the recruitment method required social workers to actively participate. This may have led to a sample of social workers with stronger views, possibly leading to only the

most stressed individuals taking part. Alternatively, the most 'burned out' social workers may not have had time to complete the questionnaire. It is therefore difficult to know if this sample represents the views of all social workers in the UK.

The questionnaire to assess context-specific shame (Event-Related Shame and Guilt Scale) was adapted in order to fit this population by using a social work specific event. However, the validity of this questionnaire is therefore less clear, as this wording has not been used in previous research. Due to the lack of validated measures to assess this factor, this questionnaire was the most suitable, but it would require further research to assess the validity. It is also unclear exactly how this wording was interpreted by those filling in the questionnaires and structured interviewing may have been able to explore this.

The multiple regression model developed does not account for all of the variance in burnout within this population, which suggests that other factors that were not included in this study are important to explore further. It is likely that there are other contributing factors to burnout, and these need to be understood before strong conclusions can be made. The relationships discovered within these results are correlational, which reduces their level of generalisability compared to causal relationships that may be discovered using randomised controlled trials. It is difficult to establish the direction of the relationships found in this research, whereby increased self-compassion may lead to burnout, or increased stress may lead an individual to become less self-compassionate.

The systematic review synthesised literature from many different countries. This allowed for a wide scope of results, particularly due to the small number of articles published in the UK alone, and by combining these findings into themes found consistent factors that are viewed as valuable in supervision across countries. However, this may have created difficulties in combining the results from this section with the empirical paper as the

population examined was different. Therefore, the links between the two papers in this thesis may be somewhat artificial and needs to be interpreted with caution.

The systematic review also only included studies that were published and were done so in English. This means that unpublished 'grey literature' and those published in other languages were excluded, possibly discounting important data from these sources. Due to time constraints and the number of papers returned from initial searches this decision was made, but may have led to a bias in the final data included. There was also high heterogeneity in the studies that were included, with a large variety of different methods of data collection. This means that comparison across the studies is difficult.

Directions for Future Research

It is clear from this thesis that further research is important to explore some of these results in greater detail. The experience of shame within the context of social work remains a gap in the literature that could benefit from qualitative research to understand this further and identify more concrete ways to help reduce this. Currently, the models suggested for the development and reinforcement of context-specific shame (Gibson, 2019) have been largely under-studied and are an important avenue of research. Additionally, replicating similar research to this empirical study in other countries will be important to examine whether similar difficulties are experienced elsewhere or whether this is a unique experience to UK social work.

The area of shame, and specifically context-specific shame also has a lack of research in other professions, and this is another important area for future research; there are theoretical reasons for this to be a common experience amongst other health and social care professionals who also carry high degrees of responsibility, and therefore research should be conducted to explore whether this is the case. If shame is found to be a common experience across professions, research examining which aspects of professional practice might induce

shame will be a further avenue to explore. This may be the level of responsibility, the impact of what 'failing' might imply, an ideal view of the profession or linked to public opinion, all of which should be considered when devising future research studies. Similarly, research could ask questions about which aspects of supervision that are viewed as useful by recipients have a positive impact on outcomes for professionals and ultimately for service users. Training for supervisors to consider the factors discussed within this thesis could be implemented and its impact on effectiveness of outcomes measured. A collaborative approach to develop a model of supervision which considers views of all parties involved will be an important area of further development.

As well as examining the difficulties in more detail, future research should focus on the interventions that are available which attempt to reduce these difficult experiences, such as Compassionate Mind Training (Gilbert & Proctor, 2006) or other mindfulness-based approaches. There is emerging research which suggests that this is a useful intervention, but further evidence of its effectiveness will be useful. Further developments of shame-based interventions may also be important, and the creation of an evidence base to suggest whether these will be useful and effective. A consideration of context-specific shame within these interventions will be vital.

Conclusion

This thesis has explored current and somewhat contentious issues within the profession of social work. The links between stress, self-compassion and shame have been investigated, and the importance of context-specific shame has been identified. The value of supervision remains high, but there are areas of exploration regarding the most important aspects that make this useful for maintaining both wellbeing and good professional practice. Social work remains a complex and demanding area to work within, and the importance of

maintaining a compassionate, enthusiastic and healthy workforce should remain a topic of research and development.

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Appendix A

Author Guidelines for the Journal of Social Work

Journal of Social Work

Submit Paper



Please read the guidelines below before visiting the submission site!

Manuscript Submission Guidelines:

Submission Site

This Journal is a member of the [Committee on Publication Ethics](#)

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Only manuscripts of sufficient quality that meet the aims and scope of Journal of Social Work will be reviewed.

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As part of the submission process you will be required to warrant that you are submitting your original work, that you have the rights in the work, and that you have obtained and can supply all necessary permissions for the reproduction of any copyright works not owned by you, that you are submitting the work for first publication in the Journal and that it is not being considered for publication elsewhere and has not already been published elsewhere. Please see our guidelines on [prior publication](#) and note that Journal of

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1. What do we publish?

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All parties who have made a substantive contribution to the article should be listed as authors. Principal authorship, authorship order, and other publication credits should be based on the relative scientific or professional contributions of the individuals involved, regardless of their status. A student is usually listed as principal author on any multiple-authored publication that substantially derives from the student's dissertation or thesis.

2.3 Acknowledgements

All contributors who do not meet the criteria for authorship should be listed in an Acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, or a department chair who provided only general support.

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and all papers reporting animal and/or human studies must state in the methods section that the relevant Ethics Committee or Institutional Review Board provided (or waived) approval. Please ensure that you have provided the full name and institution of the review committee, in addition to the approval number.

For research articles, authors are also required to state in the methods section whether participants provided informed consent and whether the consent was written or verbal.

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Please also refer to the [ICMJE Recommendations for the Protection of Research Participants](#).

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3. Publishing Policies

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4. Preparing your manuscript for submission 4.1 Formatting

The preferred format for your manuscript is Word. LaTeX files are also accepted. Word and (La)Tex templates are available on the [Manuscript Submission Guidelines](#) page of our Author Gateway.

The abstract should be no more than 250 words and should have the following subsections.

Summary (which should contain details of the context for the article and methods/approach used)

Findings (which should contain the key findings)

Applications (which should contain details of impact and application to professional practice)

4.2 Artwork, figures and other graphics

For guidance on the preparation of illustrations, pictures and graphs in electronic format, please visit SAGE's [Manuscript Submission Guidelines](#).

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Figures supplied in colour will appear in colour online regardless of whether or not these illustrations are reproduced in colour in the printed version. For specifically requested colour reproduction in print, you will receive information regarding the costs from SAGE after receipt of your accepted article.

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Journal of Social Work adheres to the APA reference style. View the [APA](#) guidelines to ensure your manuscript conforms to this reference style.

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5. Submitting your manuscript

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IMPORTANT: Please check whether you already have an account in the system before trying to create a new one. If you have reviewed or authored for the journal in the past year it is likely that you will have had an account created. For further guidance on submitting your manuscript online please visit ScholarOne [Online Help](#).

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5.2 Information required for completing your submission

You will be asked to provide contact details and academic affiliations for all co-authors via the submission system and identify who is to be the corresponding author. These details must match what appears on your manuscript. The affiliation listed in the manuscript should be the institution where the research was conducted. If an author has moved to a new institution since completing the research, the new affiliation can be included in a manuscript note at the end of the paper. At this stage please ensure you have included all the required statements and declarations and uploaded any additional supplementary files (including reporting guidelines where relevant).

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6. On acceptance and publication

6.1 SAGE Production

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7. Further information

Any correspondence, queries or additional requests for information on the manuscript submission process should be sent to the Journal of Social Work editorial office as follows:

Journal of Social Work Editor-in-Chief, Steven M. Shardlow:
s.m.shardlow@keele.ac.uk

Appendix B:
Systematic Review Databases Searched

PsycINFO

Academic Search Complete

Complementary Index

Social Sciences Citation Index

CINAHL Complete

MEDLINE Complete

ERIC

Supplemental Index

UEA Library catalogue

Scopus

Journals OVID

Business Source Complete

Research Starters

Science Direct

JSTOR Journals

British Education Index

British Library EThOS

Science Citation Index

Directory of Open Access Journals

PsycARTICLES

Europeana

Emerald Insight

SPORTDiscus with Full Text

Communication and Mass Media Complete

AMED – The Allied and Complementary Medicine Database

EconLit with Full Text

Arts and Humanities Citation Index

Gale OneFile: LegalTrac

ProjectMUSE

IEEE Xplore Digital Library

Westlaw UK

Appendix C

Systematic Review Quality Appraisals for Included Studies

Table A1: Quality Appraisals for Included Studies

Study Authors (Year)	Quality Rating
Radey & Stanley (2018)	Good
Geibler-Piltz (2011)	Good
Hair (2014)	Good
Joubert et al (2013)	Good
Egan et al (2018)	Good
Tsui (2008)	Good
Saltiel (2017)	Good
Sweifach (2019)	Good
Turner-Daly & Jack (2017)	Moderate
Wilkins and Antonopoulou (2019)	Good
O'Donoghue (2012)	Moderate
Clark et al (2008)	High
Kadushin et al (2009)	Good
Benton et al (2017)	Good
McPherson et al (2015)	Good
Caras & Sandu (2014)	Moderate
Hensley (2003)	Moderate
Egan et al (2017)	Good
O'Donoghue (2014)	Good

Appendix D

Participant Information Sheet and Statement of Consent

Project Title: What role do self-compassion, shame and guilt play in stress and burnout in UK social workers?

We would like to invite you to take part in our research study. It is entirely your decision about whether you would like to join this study, and the information on this page should help you to decide whether you would like to take part. Please read this information carefully, and if you have any questions or want to know more please contact the research team.

This is a study being conducted by researchers at the University of East Anglia.

Chief researcher: Katherine Lister
Primary supervisor: Kiki Mastroyannopoulou
Site supervisor: Charlotte Granger

What is this study about?

We know that Social Workers experience a huge amount of stress, and that this can have impacts on your well-being and may cause you to leave this profession. We know that being self-compassionate can help us to feel less stressed, but this link has not been looked at in qualified Social Workers. There is other research which suggests that Social Workers have a tendency to feel shame about some of the work they are required to do, and this is a very uncomfortable emotion. We are interested in the links between self-compassion and shame and how these might have an impact on your stress levels. The aim is for this to inform our knowledge of what might help Social Workers to cope better with stress and possibly create some psychological interventions or support that might help improve well-being.

Why am I invited to take part?

You have been invited to take part in this study because you are a Social Worker currently working in the UK.

What is involved?

The study will involve completing a series of questionnaires online which should take approximately 15-20 minutes.

Do I have to take part?

You are under no obligation to take part in this study and if you decide that you do not wish to take part, this will not affect your employment or legal rights in any way.

Can I decide to leave the study?

Yes you can decide to leave the study while you are completing the questionnaires. You can do this by closing the program and your data will not be saved. However, if you complete all of the questionnaires and click on the submit button, your data will unfortunately be unable to be extracted from the anonymous data set and therefore cannot be removed.

Who has reviewed this study?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and approved by the UEA Research Ethics Committee.

What might be the disadvantages to taking part?

This study may take up to 15-20 minutes of your time. We will be asking you questions about your current level of stress at work. This may cause a slight level of distress. If you have any concerns during this study, you can contact the Head of Department, Professor Niall Broomfield (N.Broomfield@uea.ac.uk).

What might be the benefits of taking part?

We cannot promise any direct benefits of taking part in this study. However, in taking part, you will be contributing your experiences to research to help professionals like yourself in the future, by increasing our understanding of the factors relating to stress in Social Workers. We are hoping that a large number of Social Workers will take part in this study so that we can understand the experiences of many different individuals. When you have completed this study you will be given links to resources related to self-compassion which you may be interested in.

What happens to my data?

UK Data Protection laws will be followed throughout this study. All information provided by you will be kept confidential and safe.

All data will be stored on encrypted memory sticks, and all data published in the study will be anonymised. When the study has finished, any data that has been collected will be stored in a locked cupboard at the University of East Anglia and will be destroyed after 5 years.

What happens to the results of this study?

The results of this study will be published in an academic journal. No participants will be identifiable in this journal article. If you would like to be sent a summary of the results, there will be an option at the end of the study to enter your email address for this to be sent to you after the study has ended. Your email addresses will be kept separately from your responses so your answers will remain confidential.

Thank you for reading this information

Statement of consent:

- I confirm that I have read the above information sheet for this study. I have had the opportunity to consider the information and ask questions and have had these answered satisfactorily.
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving my reason, without affecting my employment or legal rights.
- I consent to the storage and processing of my personal information for the purposes of this study. I understand that my data will be treated as strictly confidential in accordance with the Data Protection Act 1998.
- I agree to take part in the above study.

If you would like to participate in this study, and agree with the statements above, please click the link below to be directed to the questionnaires.

Appendix E

Clinician Survey

Thank you for agreeing to take part in this study. You will see a set of questions which should take between 15-20 minutes to complete. Please ensure that you complete each question although there is the option to choose if you do not want to answer.

Remember that if you would like to leave the study at any time, you can exit the program and your responses will not be saved. However, once you have completed all of the questions and clicked to submit, your responses will not be able to be extracted from the responses from other participants.

To start with, we would like to ask you some questions about yourself and your job.

Demographic Information

Please indicate your gender:

- a) Male
- b) Female
- c) Other
- d) Prefer not to say

Please indicate which age bracket you fall into:

- a) 18-25
- b) 26-35
- c) 36-45
- d) 46-55
- e) 56-65
- f) 66-75
- g) 76+

What is your current profession?

- a) Social worker
- b) Other, please specify

If you selected other for this question, we would like to remind you that this study is looking at the experiences of Social Workers only. Please discontinue this survey if your profession is not a Social Worker.

What area of Social Work do you work in?

- a) Child and family
- b) Other, please specify

If you answered other for this question, we would like to remind you that this study is looking at the experiences of Social Workers who work within Child and Family services. If you are a Social Worker who works in another field, please discontinue the survey at this point.

Which area of child and family do you work in? (Select all that apply)

- a) Assessment
- b) Early Help
- c) Child in Need
- d) Child Protection
- e) Fostering
- f) Adoption
- g) Court work
- h) Looked After Children
- i) Children with Learning Disabilities
- j) Permanence team
- k) Child Mental Health
- l) Other

How long have you been working as a Social Worker? (in years)

- a) 0-2
- b) 2-5
- c) 5-10
- d) 10-20
- e) 20+

And how long have you been in your current job? (in years)

- a) 0-2
- b) 2-5
- c) 5-10
- d) 10-20
- e) 20+

Do you work full-time or part-time?

- a) Full-time
- b) Part-time
- c) Other (please specify)

What sector do you work within?

- a) NHS
- b) Local authority
- c) Private
- d) Charity
- e) Other

What is your current caseload number?

- a) Below 10
- b) 10-20
- c) 20-30
- d) 30-40
- e) 40-50
- f) 50-60
- g) 60+

How often do you have supervision?

- a) Weekly

- b) Fortnightly
- c) Monthly
- d) Every 2 months
- e) Less than every 2 months

What is the job title and professional qualification of the person who delivers this supervision? (Please pick the main person who delivers this)

Do you feel that your supervision is effective and helpful?

- a) Yes
- b) Sometimes
- c) No

Burnout Measure – Stress at Work

We know that your job role can be very rewarding but also extremely stressful, and we would like to ask you some questions now specifically thinking about your work.

Please use the following scale to answer the question: **When you think about your work overall, how often do you feel the following?**

1	2	3	4	5	6	7
never	almost never	rarely	sometimes	often	very often	always

Tired _____
 Disappointed with people _____
 Hopeless _____
 Trapped _____
 Helpless _____
 Depressed _____
 Physically weak/sickly _____
 Worthless/like a failure _____
 Difficulties sleeping _____
 'I've had it' _____

Self-Compassion Scale

We would now like to ask you some questions about how you cope when things are difficult:

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

**Almost
never**

1

2

3

4

**Almost
always**

5

1. When I fail at something important to me I become consumed by feelings of inadequacy.
2. I try to be understanding and patient towards those aspects of my personality I don't like.
3. When something painful happens, I try to take a balanced view of the situation.
4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
5. I try to see my failings as part of the human condition.
6. When I'm going through a very hard time, I give myself the caring and tenderness I need.
7. When something upsets me, I try to keep my emotions in balance.
8. When I fail at something that's important to me, I tend to feel alone in my failure.
9. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
11. I'm disapproving and judgmental about my own flaws and inadequacies.
12. I'm intolerant and impatient towards those aspects of my personality I don't like.

Test Of Self-Conscious Affect - Scenarios

Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations.

As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. We ask you to rate *all* responses because people may feel or react more than one way to the same situation, or they may react in different ways at different times.

For example:

A. You wake up early one Saturday morning. It is cold and rainy outside.

- a. You would telephone a friend to catch up on news.
- b. You would take the extra time to read the paper.
- c. You would feel disappointed that it's raining.
- d. You would wonder why you woke up so early.

not likely very likely

1 · 2 · 3 · 4 · 5
 1 · 2 · 3 · 4 · 5
 1 · 2 · 3 · 4 · 5
 1 · 2 · 3 · 4 · 5

In the above example, I've rated all the answers by circling a number. I circled '1' for answer (a) because I wouldn't want to wake up a friend very early on a Saturday morning – so it's not at all likely that I would do that. I circled a '5' for answer (b) because I almost always read the paper if I have time in the morning (very likely). I circled a '3' for answer (c) because for me it's about half and half. Sometimes I would be disappointed about the rain

and sometimes I wouldn't – it would depend on what I had planned. And I circled a '4' for answer (d) because I would probably wonder why I had awakened so early.

Please do not skip any items – rate all responses.

1. You make plans to meet a friend for lunch. At five o'clock, you realise you have stood your friend up.

- | | Not
Likely | Very
likely |
|--|-------------------|----------------|
| a. You would think, 'I'm inconsiderate' | 1---2---3---4---5 | |
| b. You'd think you should make it up to your friend as soon as possible. | 1---2---3---4---5 | |
| c. You would think, 'My boss distracted me just before lunch.' | 1---2---3---4---5 | |

2. You break something at work and then hide it.

- | | Not
likely | Very
likely |
|---|-------------------|----------------|
| a. You would think, 'This is making me anxious. I need to either fix it or get someone else to' | 1---2---3---4---5 | |
| b. You would think about quitting. | 1---2---3---4---5 | |
| c. You would think, 'A lot of things aren't made very well these days.' | 1---2---3---4---5 | |

3. At work, you wait until the last minute to plan a project, and it turns out badly.

- | | Not
likely | Very
likely |
|---|-------------------|----------------|
| a. You would feel incompetent | 1---2---3---4---5 | |
| b. You would think, 'There are never enough Hours in the day.' | 1---2---3---4---5 | |
| c. You would feel, 'I deserve to be reprimanded for mismanaging the project.' | 1---2---3---4---5 | |

4. You make a mistake at work and find out a co-worker is blamed for the error.

- | | Not
likely | Very
likely |
|---|-------------------|----------------|
| a. You would think the company did not like the co-worker. | 1---2---3---4---5 | |
| b. You would keep quiet and avoid the co-worker. | 1---2---3---4---5 | |
| c. You would feel unhappy and eager to correct the situation. | 1---2---3---4---5 | |

5. While playing around, you throw a ball, and it hits your friend in the face.

- | | Not
likely | Very
likely |
|--|-------------------|----------------|
| a. You would feel inadequate that you can't even | 1---2---3---4---5 | |

- throw a ball.
- b. You would think maybe your friend needs more practice at catching. 1----2----3----4----5
- c. You would apologise and make sure your friend feels better. 1----2----3----4----5

6. You are driving down the road, and you hit a small animal.

- | | Not
likely | Very
likely |
|---|-----------------------|----------------|
| a. You would think the animal shouldn't have been on the road. | 1----2----3----4----5 | |
| b. You would think, 'I'm terrible' | 1----2----3----4----5 | |
| c. You'd feel bad you hadn't been more alert (while) driving down the road. | 1----2----3----4----5 | |

7. You walk out of an exam thinking you did extremely well; then you find out you did poorly.

- | | Not
likely | Very
likely |
|---|-----------------------|----------------|
| a. You would think, 'The instructor doesn't like me.' | 1----2----3----4----5 | |
| b. You would think, 'I should have studied harder.' | 1----2----3----4----5 | |
| c. You would feel stupid. | 1----2----3----4----5 | |

8. While out with a group of friends, you make fun of a friend who's not there.

- | | Not
likely | Very
likely |
|---|-----------------------|----------------|
| a. You would feel small...like a rat. | 1----2----3----4----5 | |
| b. You would think that perhaps that friend should have been there to defend himself/herself. | 1----2----3----4----5 | |
| c. You would apologise and talk about that person's good points. | 1----2----3----4----5 | |

9. You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.

- | | Not
likely | Very
likely |
|--|-----------------------|----------------|
| a. You would think your boss should have been more clear about what was expected of you. | 1----2----3----4----5 | |
| b. You would feel as though you want to hide. | 1----2----3----4----5 | |
| c. You would think, 'I should have recognised the problem and done a better job.' | 1----2----3----4----5 | |

10. You are taking care of your friend's dog while she is on vacation and the dog runs away.

	Not likely	Very likely
a. You would think, 'I am irresponsible and incompetent.	1----2----3----4----5	
b. You would think your friend must not take very good care of her dog or it wouldn't have run away.	1----2----3----4----5	
c. You would vow to be more careful next time.	1----2----3----4----5	

11. You attend your co-worker's housewarming party, and you spill red wine on a new cream-coloured carpet, but you think no-one notices.

	Not likely	Very likely
a. You would stay late to help clean up the stain after the party.	1----2----3----4----5	
b. You would wish you were anywhere but at the party.	1----2----3----4----5	
c. You would wonder why your co-worker chose to serve red wine with the new light carpet.	1----2----3----4----5	

Event Related Shame Scale – Feelings about Work

Research has shown that within the role of a social worker, there can be tasks that can be difficult or overwhelming emotionally, and that these can impact different areas in your life, from work to home. In the following all questions pertain to your current feelings about the impact on you of the emotionally difficult parts of your role, but with respect to three different groups of individuals.

Please rate how much each item applies to you on a scale from 0 (not at all right) to 5 (completely right)

a) Please think about the families you come into contact with as part of your work. Please indicate how much the statements apply to your feelings on a scale from 0 (not at all right) to 5 (completely right)

1. I feel ashamed because of the impact on me of emotionally difficult tasks in my role
2. I feel like a failure
3. I feel small
4. I want to hide
5. I feel guilty because of the impact on me of emotionally difficult tasks in my role
6. I should be behaving differently
7. I have a guilty conscience
8. I reproach myself

b) Please think about your family (parents, sisters, brothers etc). Please indicate how much the statements apply to your feelings on a scale from 0 (not at all right) to 5 (completely right)

1. I feel ashamed because of the impact on me of emotionally difficult tasks in my role
2. I feel like a failure
3. I feel small
4. I want to hide
5. I feel guilty because of the impact on me of emotionally difficult tasks in my role
6. I should be behaving differently
7. I have a guilty conscience
8. I reproach myself

c) Now please think about your friends. Please indicate how much the statements apply to your feelings on a scale from 0 (not at all right) to 5 (completely right)

1. I feel ashamed because of the impact on me of emotionally difficult tasks in my role
2. I feel like a failure
3. I feel small
4. I want to hide
5. I feel guilty because of the impact on me of emotionally difficult tasks in my role
6. I should be behaving differently
7. I have a guilty conscience
8. I reproach myself

Appendix F

Participant Debrief Information

Thank you for participating in this study. Your answers to the questionnaires you have completed will help us to explore the links between self-compassion, shame and stress experienced by Social Workers in Child and Family Services. This will help in identifying areas that could be targeted in interventions or support offered to Social Workers.

The results from this study will be published in an academic journal (to be decided), and will also be presented at a research conference. As stated in the information sheet at the beginning of this study, your data will be kept anonymous within both the journal article and the presentation. If you would like to receive a summary of the results of this study, please contact Katherine Lister via email at k.lister@uea.ac.uk.

Please also feel free to contact the research team (via email to k.lister@uea.ac.uk) if you have any questions or concerns about the study, or if you have been upset or distressed by your participation in this study.

Something that is known to reduce stress for Social Workers is to help them to increase their self-compassion. We have listed below some resources that you may want to explore in order to develop this yourself.

<http://self-compassion.org/resources-2/>

<http://self-compassion.org/category/exercises/>

<https://www.getselfhelp.co.uk/compassion.htm>

If you have any complaints about this study, please contact the Head of Department, Professor Niall Broomfield (N.Broomfield@uea.ac.uk).

Thank you for your time!

Appendix G
FMH Approval Letter

Faculty of Medicine and Health Sciences Research Ethics Committee



Katherine Lister
MED

Research & Innovation Services
Floor 1, The Registry
University of East Anglia
Norwich Research Park
Norwich, NR4 7TJ

Email: fmh.ethics@uea.ac.uk

Web: www.uea.ac.uk/researchandenterprise

07 January 2019

Dear Katherine

Project title: What role do self-compassion and shame play in stress and burnout in UK child and family social workers?

Reference: 201819 - 020

Thank you for your response to the recommendations from the FMH Ethics Committee to your proposal. I have considered your amendments and can now confirm that your proposal has been approved.

Please can you ensure that any further amendments to either the protocol or documents submitted are notified to us in advance, and also that any adverse events which occur during your project are reported to the Committee.

Approval by the FMH Research Committee should not be taken as evidence that your study is compliant with GDPR and the Data Protection Act 2018. If you need guidance on how to make your study GDPR compliant, please contact your institution's Data Protection Officer.

Please can you also arrange to send us a report once your project is completed.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M J Wilkinson', is written over a horizontal line.

Professor M J Wilkinson
Chair
FMH Research Ethics Committee

Appendix H

Social Media Recruitment Advert

Are you a Social Worker working within Child and Family Services?

If so, we would like to invite you to take part in our online research study. The study is investigating the factors that contribute to stress and burnout in Social Workers. We understand how complex and demanding your job can be, and we are aiming to better understand how we can support Social Workers.

In order to explore this, we need your views and experiences to help inform us. To do this, we have devised a series of questionnaires that we are asking you to complete online.

If you decide to participate, the questionnaires should take between **15-20 minutes** to complete.

If you are interested in taking part, please click the link below for more information and to access the questionnaires.

(study link inserted here)

If you have any questions or would like some more information, please contact the Chief Investigator via email at k.lister@uea.ac.uk

Thank you for your time.

Appendix I

Permission to use and adapt Event-Related Shame and Guilt Scale

Hi Katherine,

You may of course use the scale in your research and, if useful, adapt it to your research needs.

Best, Uli

...

Appendix J

G* Power outputs

Figure A1: G* Power Output for Correlational Analysis:

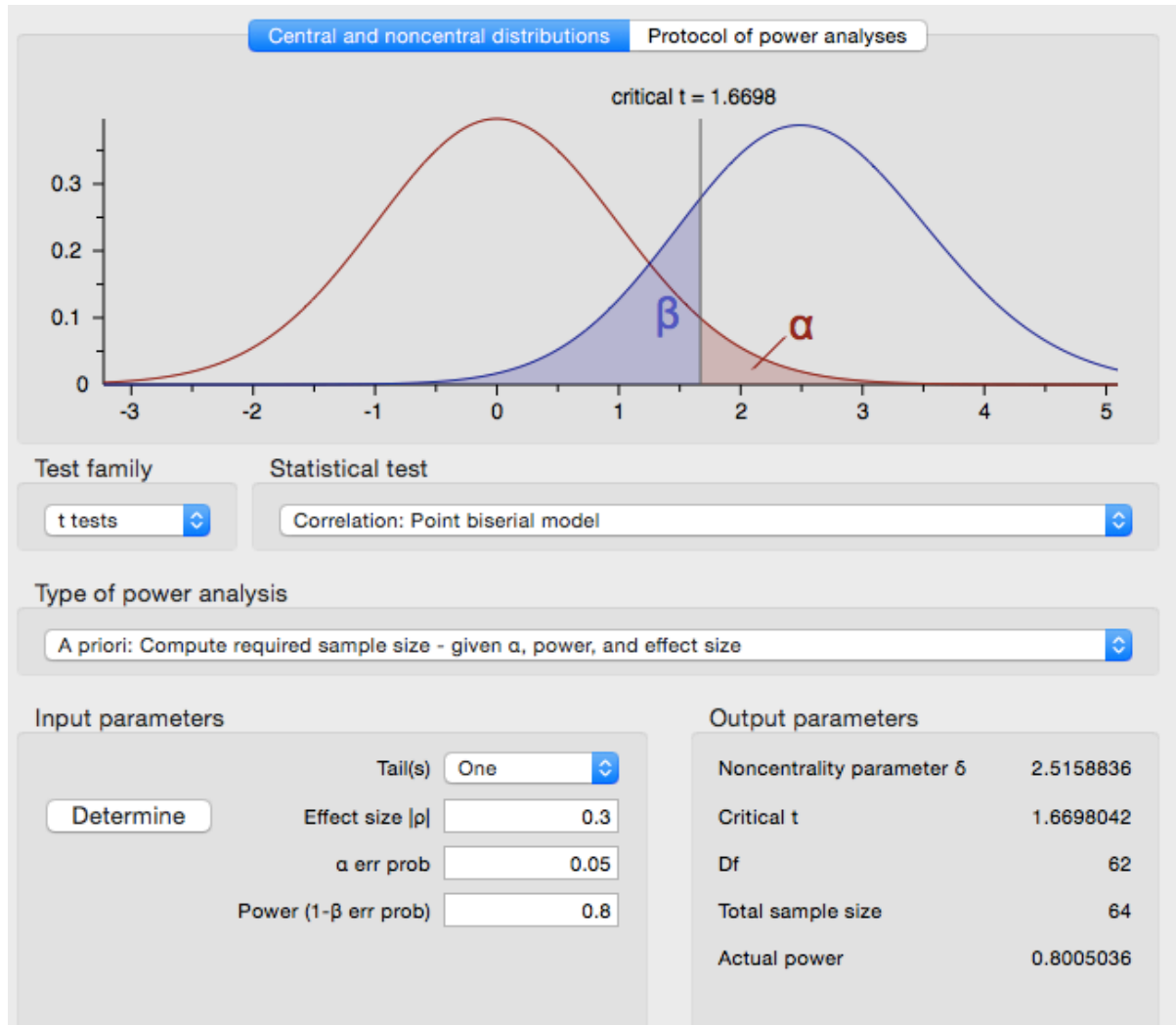


Figure A2: *G** Power Output for Multiple Regression:

