

## Missing the Mark? Reframing NASW's Ethical Mandate for Self-Care as a Social Justice Issue

Dawn Apgar  
Mackaully Parada

**Abstract:** *The 2021 revision to the ethical code for social workers mandated engagement in self-care. A review of workforce data suggests that the need for self-care in social work is largely due to poor working conditions, inadequate pay, unavailability of quality supervision, and lack of professional recognition. Thus, making self-care largely a personal responsibility is adopting a “blaming the victim” mentality that the profession has historically rejected in its approach to client problems. Social work is rooted in examining the social conditions of people within their environments and focusing on making macro level changes to remedy systemic problems. Though not intentional, the ethical mandate for social workers to remedy the stress, trauma, and burnout resulting from environmental stressors is misplaced, though not surprising. In recent years, social workers have focused more on working with individuals to fix their problems rather than making contextual changes that are largely responsible for the ills. This article reframes the emotional and psychological problems experienced by social workers as a social justice issue, requiring mezzo and macro, rather than micro, level intervention. Embracing this alternative perspective requires a commitment to mobilization, advocacy, and political engagement—approaches that have been deprioritized by many within the social work profession.*

**Keywords:** *Self-care; burnout; social justice; ethics; macro practice*

In 2021, the National Association of Social Workers (NASW) mandated self-care by social workers in its ethical code. The addition memorialized content from a 2016 presentation at its national conference that touted self-care as an “anecdote” to the professional fatigue witnessed in social workers (Pace, 2017, p. 5). Proponents of the changes cite the rationale for self-care as the nature of the profession, placing those in social work practice at higher risk for fatigue and professional impairment (Hardy et al., 2021).

Other professions, such as medicine, nursing, psychology, and counseling, have also prioritized the need for self-care with much written about the impacts of secondary trauma on those who work with people who are ill or experiencing hardships (Dirik et al., 2021; Kelly, 2020; Lakioti et al., 2020). Research indicates that those who repeatedly listen to the problems of others are at high risk for burnout (Michelson & Kluger, 2021). The effects of distress are so profound that even those who study the topic have been negatively impacted by “trauma-by-proxy” (van der Merwe & Hunt, 2019, p. 10).

The overall literature on self-care is abundant, with a major focus on enhancing professionals’ awareness of the impacts of stress and setting personal self-care goals to mediate its impacts (Hricová, 2020). Yoga, mindfulness, journaling, and guided imagery

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Dawn Apgar, PhD, LSW, ACSW, Associate Professor, Department of Anthropology, Sociology, Social Work, and Criminal Justice, Seton Hall University, South Orange, NJ. Mackaully Parada, LCSW, graduate of Seton Hall University and the University of Michigan, and PhD student, University of Utah.

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have been cited as effective strategies to assist practitioners across disciplines (Blackburn et al., 2020; Ofei-Dodoo et al., 2020). Self-care in social work has predominantly been viewed as a personal responsibility of professionals, with remedies focused on individual protective factors. However, this focus appears misplaced, ignoring the impact of the substandard mezzo and macro conditions in which many social workers are employed. Social work has historically viewed individual problems as primarily resulting from larger systemic dysfunction, though some have criticized the profession for deviating from this perspective (Specht & Courtney, 1995). For example, the proportion of social workers practicing clinically, primarily with middle-class, professional, White clientele, has increased significantly over the last three decades with most entering the profession wanting to eradicate problems through the provision of psychotherapy (Holden & Barker, 2018). The commitment to social justice of those doing psychotherapy has been questioned (McLaughlin, 2011). However, the number of social workers wanting to do clinical work far outweighs those who want to specialize in mezzo or macro practice methods (Apgar, 2021). This problem is compounded with the increasing privatization of mental health care among social workers. Data show that social workers prefer to start their own private practices to have greater control over their working conditions and be liberated from agency bureaucracy that was thought to interfere with the treatment of clients (Slater, 2020).

As currently framed, self-care in the recent *NASW Code of Ethics* revisions makes social workers responsible for problems that are largely not their fault. Though it acknowledges that much of the strain placed on social workers comes from the nature of their work and the systems/organizations in which they are employed, the responsibility for well-being is placed on workers. “Professional demands, challenging workplace climates, and exposure to trauma” warrant social workers to maintain personal and professional health, safety, and integrity (NASW, 2021, p. 4). Agencies are also encouraged to promote policies and practices that support self-care.

This article reframes workplace stress as problems that are significantly caused by conditions under which social workers are socialized and employed and provides evidence to support the use of mezzo and macro, instead of micro, methods to properly address burnout. Remedies for addressing systemic problems that have plagued the profession for years require social workers and their employers to view self-care as a social justice issue rather than one rooted in the pathology of those impacted. Without addressing the root causes of stress and strain that warrant social workers prioritizing self-care, little progress can be made and social workers will continue to feel responsible for the effects of issues that they do not control.

## Literature Review

### Self-Care as a Social Work Priority

Articles about self-care are prevalent in the social work literature with a Google Scholar search of “social work” and “self-care” yielding 17,500 articles published since 2017, 11,400 of which went into circulation since 2020. The topic is deemed so important

to the profession that NASW recently dedicated a special issue of its journal to the subject (Miller & Grise-Owens, 2020). A recent survey of social workers found that they highly value self-care but were not taught how to engage in self-care by their employers (Bloomquist et al., 2016). The vast majority of scholarship on self-care focuses on the need for educators to prepare those entering the profession to meet the professional demands of practice (DeMarchis et al., 2022) and determining the effectiveness of individual self-care techniques such as mindfulness (McCusker, 2021), yoga (Cheung & Leung, 2020), and even coloring (Matto & Sullivan, 2021).

In recent years, NASW published several books on self-care (Cox & Steiner, 2013; Smullens, 2015) that have viewed stress by social workers as predominantly caused by working with clients who have experienced trauma and/or are in crisis. Self-regulation, self-awareness, and self-efficacy are identified as essential personal strategies for avoiding burnout and dealing with professional stress (Apgar & Cadmus, 2021). Few articles have acknowledged the need for mezzo and macro changes to combat stress (Scheyett, 2021; Stuart, 2021; Williams, 2015) despite social workers citing workplace characteristics, including extreme workloads, lack of recognition of performance and professional commitment, and value incongruence between individual workers and their employing organizations as the largest contributors to burnout (Wilson, 2016). Quality supervision has been a mezzo level characteristic that is well-cited in the literature as critical to mediating workplace burnout and maintaining self-care, though its widespread availability for social workers remains a concern (Mack, 2020).

### **Self-Care in Other Helping Professions and its Importance Overall**

Exploration of self-care practices can be seen throughout the literature in psychology, nursing, medicine, and education (Andrews et al., 2020; Baker, 2020; Moore, 2021; Wei et al., 2020). Many professional associations have promoted self-care through making resources, such educational articles, guidelines, and toolkits, publicly available (American Medical Association [AMA], 2021; American Nurses Association [ANA], 2021; American Psychological Association [APA], 2021; Oncology Nursing Society [ONS], 2021). Skovholt and Trotter-Mathison (2016) acknowledge the agonizing pull between caring for others and caring for oneself as a significant contributor to burnout among helping professionals. To mitigate the tension, efforts have been made to assist those entering helping professions to recognize stress so that it can be addressed before causing professional impairment (Posluns & Gall, 2020).

Over the past two years, the COVID-19 pandemic also led to a heightened push towards self-care promotion generally (Miller & Cassar, 2021; Omrani et al., 2021). Social science researchers have widely studied and documented the biopsychosocial impacts of isolation, illness, financial stress, and fear on quality of life, citing self-care as a major requirement for overall mental health. Public agencies, such as the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) have contributed to the growing self-care conversation, further demonstrating its importance to personal well-being in the United States (U.S.) and internationally (CDC, 2021; WHO, 2022).

## **Self-Care as an Ethical Mandate**

### ***Social Work***

In 2021, NASW added language to its ethical code requiring social workers to “maintain personal and professional health, safety, and integrity” due to “professional demands, challenging workplace climates, and exposure to trauma” (NASW, 2021, p. 4). While there was encouragement for social work organizations, agencies, and educational institutions “to promote organizational policies, practices, and materials to support social workers’ self-care,” additional language focused on requiring social workers to engage in trustworthy professional behavior, mandating that “social workers should take measures to care for themselves professionally and personally” (NASW, 2021, p. 6).

While some see the inclusion of self-care as an ethical mandate as progress (Grise-Owens & Miller, 2021), others question the practicality of enforcing the new language or worry that it might further exacerbate an existing problem by making social workers more vulnerable to being blamed for substandard performance caused by lack of resources and poor working conditions (Scheyett, 2021; Ubinger, 2021). The *NASW Code of Ethics* serves six purposes including socializing new practitioners into the field, articulating standards to which the general public can hold social workers accountable, and determining whether social workers have engaged in unethical practice (NASW, 2021). By framing self-care as a primary responsibility of social workers themselves, those entering the field will likely see the ability to combat stress in the workplace as a professional duty. The public will now also be able to hold social workers accountable for not engaging in self-care, even charging them with unethical practice for not doing so.

### ***Nursing***

The American Nurses Association (ANA) established their first ethical code in 1950 with the most recent revision occurring in 2015 (ANA, 2015). The ANA Code states, “the nurse owes the same duties to self as others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth” (ANA, 2015, p. 32). Examples, such as diet/exercise, healthy relationships, sufficient time doing enjoyable activities, and meeting religious/spiritual needs, are provided as good self-care activities (ANA, 2015).

Representing 20 million nurses globally, the International Council of Nurses (ICN), in its own ethical code, identifies self-care as a professional and ethical responsibility (ICN, 2021). One ethical standard focuses specifically on the promotion of personal health, regardless of workplace setting. Additionally, nursing codes for countries outside of the U.S. contain self-care obligations, including those for nurses in Japan, Canada, Australia, and the United Kingdom (Linton & Koonmen, 2020).

There has also been increasing interest in combatting compassion fatigue and burnout in the nursing profession over the past 10-15 years, though – like social work – approaches have mainly focused on individual responsibilities or the training of nurses to recognize signs of stress. Many employers provide evidence-based education training programs to

teach nursing professionals about self-care skills with many programs focusing on detection of stress and remedies falling to nurses themselves (Dreher et al., 2019). As in social work, there is a recognition that more needs to be done generally to ensure the well-being of nurses since professional mental health is viewed as essential to the provision of quality care.

### *Psychology*

The American Psychological Association (APA) has its own ethical code, with the 2016 revision being the most recent (APA, 2016). The APA Code does not directly reference an ethical obligation for psychologists to engage in self-care practices, unlike the one crafted by the Canadian Psychological Association (CPA) which set a clear expectation to do so (CPA, 2017). However, scholars argue that attentiveness to the provider's physical and mental health in the APA Code is an indirect allusion to the importance of self-care. For example, Barnett and Cooper (2009) state that the APA Code is very clear in instructing professionals to be both (1) cognizant of their well-being and (2) active in the pursuit to correct issues that arise when their physical or mental health impacts the therapeutic process. Wise et al. (2012) link the ethical obligation of competence to an implied self-care mandate. Additionally, psychologists have an ethical obligation to obtain professional consultation or assistance and consider the need to limit, suspend, or terminate their work in light of personal problems/conflicts. Though these actions are not framed as forms of professional self-care, they focus on professional well-being, though at the tertiary rather than the preventive level (Barnett & Cooper, 2009).

Recently labeled as a core foundational competency in the field of psychology, self-care has become a hot topic in the professional psychology literature over the past 20 years (Santana & Fouad, 2017). Scholars have advocated for educational institutions and professional organizations to implement proactive self-care training, with some even advocating for psychology licensure boards to mandate self-care training as part of ongoing continuing education requirements (Barnett & Cooper, 2009; Wise et al., 2012). Support groups, clinical supervision, and student engagement in psychotherapy have been identified as critical self-care activities, with research indicating that these strategies reduce stress and increase mood, overall well-being, and performance when implemented successfully (Maranzan et al., 2018).

### **Social Work Workforce and Employment Conditions**

The increased call for social workers to engage in self-care coincides with heightened attention on the workforce issues of the profession. In 2015, the Council on Social Work Education (CSWE) convened an advisory committee that devised a national workforce study encompassing all levels and fields of social work practice (CSWE, 2021). The effort resulted in several reports over the last few years that gave the profession access to workforce data that was previously elusive (George Washington University, 2017, 2019, 2020).

Data reveal that social workers disproportionately represent vulnerable populations

and are operating with low wages and in environments that are extremely stressful, coupled with high loan debt incurred during their professional education. Unlike nurses and teachers, many social workers are not unionized (Farr, 2021) and therefore conduct their work with few protections. While the reasons for the current state of affairs are debatable, there is no doubt that there are systemic issues that have situated social workers in positions in which they are called upon to care for others while barely meeting their own basic needs.

### ***Workforce Composition***

Recent workforce data indicate that the vast majority of social workers are female (83%; George Washington University, 2017). While the social work workforce tends to be predominately White (69%), nearly a quarter (22%) identify as Black/African American. Additionally, 11% of social workers are Hispanic or Latino, though the percentage appears to be growing as 14% of those entering the profession more recently identified as such (George Washington University, 2020). The proportion of those entering the social work workforce from traditionally marginalized populations is much higher than in most health professions (George Washington University, 2020). For example, nurses from all minority backgrounds represent 19% of the Registered Nurse (RN) workforce (Smiley et al., 2019), compared to 31% of degreed social workers.

Recent MSW graduates are predominately engaging in clinical work with individuals, families, or groups (82%); fewer recent graduates are holding positions in macro social work (7%), and even fewer are working directly with communities (6%; George Washington University, 2020). Data also reveal that the majority of social workers (69%) are accepting jobs after graduation in settings that are traditionally not unionized (George Washington University, 2020).

### ***Pay, Student Loan Debt, and Job Growth***

Though salaries differ across practice setting and geographic region, according to the U.S. Bureau of Labor Statistics (BLS), the median salary for social workers is \$51,760 (US BLS, 2021c). The BLS reported that practitioners in the lowest 10% earned less than \$33,020 annually while the highest 10% earned more than \$85,820 (US BLS, 2021c). Hawaii, Massachusetts, Nevada, Rhode Island, and Virginia have the highest social work compensation (US BLS, 2021c), but these states also have high costs of living (U.S. News, 2021). Pay varies significantly between social workers with Bachelor's and Master's degrees with the median annual salary of the former being about \$11,000 less than the latter (George Washington University, 2017).

About three-fourths of BSW and MSW students reported having student loan debt that averaged around \$29,323 (BSW) and \$46,591 (MSW), respectively (CSWE, 2020). This debt does not include other school-related fees such as room and board, food, and books. While efforts to assist with loan debt have been undertaken, the U.S. Department of Education (2021) reports that over 98% of applicants from October 2017 through November 2020 were deemed ineligible for the loan forgiveness program, meaning that only 1.6% of the thousands who applied were actually able to see the process through,

complete all of the requirements, and eventually receive the promised relief after 10 years of public service. Hughes et al. (2018) found that social work students take an average of nine years to repay their loan debt. Loan debt of social workers is so problematic that two of four witnesses asked to testify to the Senate at a recent hearing on the lived experiences of student loan borrowers were social workers (Senate Banking, Housing, and Urban Affairs Committee, 2022).

The burden of debt is far worse for social workers of color. Huerta (2020) writes that the increasing burden of social work student loan debt particularly impacts first-generation college students, students of lower socioeconomic levels, and students of color, as these groups are not only more likely to take on education loans, but they also have more difficulty paying them back (Huerta, 2020). A recent study found that debt from social work education was, on average, substantially higher for Blacks/African Americans than for Whites (\$66,000 vs. \$45,000) and for Hispanics compared with non-Hispanics (\$53,000 vs. \$48,000; George Washington University, 2020). The total mean educational debt for social workers was \$92,000 for Blacks/African Americans and \$79,000 for Hispanics. There are also differentials in educational attainment by race. Social workers with Bachelor's degrees are more likely to be Black or African American than social workers with graduate degrees (George Washington University, 2017). Thus, about a quarter of all social workers, those who are Black/African American, have higher debt and less educational attainment, resulting in more financial strain and less opportunity for career advancement.

Some posit that the low pay and financial strain on social workers could lead to an all-out labor shortage (Hughes et al., 2018). However, the BLS views social work as a fast-growing profession, far exceeding the average projected growth trend (4%) for all occupations in the U.S. (US BLS, 2021c). Social work is expected to have an average projected growth of 13% between 2019 and 2029 (US BLS, 2021c). Specialties such as mental health and substance abuse may have the largest gains with a 17% growth projection.

While the growth is promising, the looming question remains around whether compensation practices will be able to continue attracting new professionals and retain current ones. Additionally, the growing number of social work graduates may be suppressing wages as there is a continual supply of workers competing for jobs, allowing employers to keep wages low and still fill openings. The poor salaries paid to social workers, coupled with their student loan debt, has been linked to decreased quality of services for clients and high burden placed on those entering the profession (Hughes et al., 2018; Leung et al., 2020).

### ***Working Conditions***

The BLS (2021c) asserts that social work has one of the highest rates of injuries and illnesses of all occupations. Several factors contribute to this reality, including the high-risk settings in which social workers are employed and the nature of the problems for which they are tasked to intervene. Nearly half (44%) of social work professionals identify personal safety issues on the job (NASW, 2006). The highest reports of safety concerns are

in the settings of criminal justice (67%) and child welfare/family addictions (52%) (NASW, 2006). While client-on-staff violence is disproportionately higher in social work than other allied professions, Spencer and Munch (2003) presume that the number reported does not truly represent the magnitude of the problem, with the actual prevalence being much higher. Underreporting of incidents occurs for a variety of reasons including fear of judgement by colleagues, lack of support from management, and the perception that dangerous situations are expected hazards that come with the job (Spencer & Munch, 2003).

In addition to unsafe work environments, there are other organizational stressors present for social workers including, but not limited to, a lack of funding, insufficient staffing, and inadequate support (Lloyd et al., 2002). The most common stressors cited in the literature are the large, often unmanageable, workload compounded by lower pay than other helping professionals, lack of adequate supervision, and reduced autonomy in the workplace which results in social workers reporting lower mental well-being and more work-related anxiety/depression compared to those in other occupations (Quinn et al., 2019; US BLS, 2021c).

Importantly, improved clinical supervision, higher income levels, and lower workloads have been found to decrease negative well-being among social workers (Quinn et al., 2019). Additionally, Barck-Holst et al. (2021) found that reducing the work week by 25% (while maintaining full-time pay) translated to lower emotional exhaustion, better opportunities to engage in self-care activities like exercise and rest, and an increase in quality time with friends/family. These studies demonstrate that improvements in the working conditions of social workers can have significant positive impacts on their psychosocial health and well-being.

### ***Unpaid Internships***

CSWE has deemed field education as the signature pedagogy in undergraduate and graduate education (CSWE, 2022). BSW students are required to participate in 400 hours of supervised field education while MSW students must complete 900 hours of practicum experience (CSWE, 2022). While internships can be paid, there is no mandate to do so in the accreditation standards, causing social workers to recently petition the U.S. Department of Labor (US DOL) to investigate the issue (Richardson, 2021). This advocacy occurred after unsuccessful legal action by students for unfair labor practices mandated by CSWE, who vehemently defend the legality of their unpaid internship requirements (CSWE, 2014).

As most social work internships are unpaid (Rogers et al., 2021), those who receive both their Bachelor's and Master's degrees in social work will perform at least 1,300 hours of uncompensated service by the time of graduation. While nursing and medical students also complete internships that are likely to be unpaid, they earn significantly more than social workers after graduation (US BLS, 2021a, 2021b). The expectation for pro bono work in social work extends after graduation as social workers "are encouraged to volunteer some portion of their professional skills with no expectation of significant return" as specified in their ethical code (NASW, 2021, p. 5), a provision that does not appear in the ethical standards of any other allied profession.



Great debate has arisen around the legality of unpaid internships generally, with the US DOL (2018) citing criteria that must be met in order to justify unpaid internships. The criteria include that the internship experience is for the benefit of the intern, it is not meant to displace regular employees, and that the employer derives no immediate advantages from the intern. Social work internships meeting these criteria have been called into question by students who report that roles, responsibilities, and expectations of interns often shift from learner to provider in such a way that field sites not only benefit from, but in some instances rely upon, intern contributions (Harmon, 2017). Over time as interns receive ongoing training in their agency, they often become entrusted with assignments and work-product expectations that employees would produce. Some students have even reported taking on the entire workload of their supervisors during maternity leaves (Harmon, 2017). Such arrangements are ripe for exploitation with few alternatives given since internships are required for degree attainment, raising questions of whether social work students are being forced into the unpaid labor market (Burke & Carton, 2013).

In addition to their legality, unpaid social work internships have many ethical considerations. First and foremost, unpaid internships have been found to disproportionately impact lower-income and minority students (Burke & Carton, 2013; Gillen et al., 2021). Students with higher socioeconomic statuses are more likely to have the resources to buttress their financial needs and avoid large cost-of-living lending demands while in unpaid positions, meaning that successful completion of the degree requirements comes with fewer loans and less financial insecurity. With reduced financial pressure comes less general stress, which directly translates to increased focus, energy, and enthusiasm in field placements. Paid internships have a positive impact on the life quality of students by increasing financial stability and decreasing overall student loan debt (Gillen et al., 2021) and are linked with overall higher work satisfaction (Rogers et al., 2021). Contrarily, unpaid internships result in feelings of exploitation and not being assigned “meaningful work” (Burke & Carton, 2013, p. 107). While there are some ethical concerns about paying students who have not yet graduated and demonstrated competency to practice, there is a sound justification to do so given the undue burden placed on women and minority students, as well as the overall financial strain on those preparing to enter the profession.

### **Reframing Self-Care as a Social Justice Issue**

All agree that self-care is important for the social work profession. However, when the social work profession decided to include self-care as an ethical mandate, it had the opportunity to appropriately focus on the macro causes of burnout, such as unsupportive and exploitative work conditions, rather than view stress as a problem to be remedied by those who work in oppressive situations. Instead of calling for the social work profession to mobilize to rectify employment problems that have plagued the profession for years, the new ethical standards direct social workers to maintain their personal and professional health. Based on the value of integrity, social workers are, for the first time, called upon to “take measures to care for themselves professionally and personally” in order to be deemed “trustworthy” (NASW, 2021, p. 6).

While framing self-care as a personal responsibility has been criticized in the broader literature (Kaplan, 2019), the recent inclusion of self-care in the *NASW Code of Ethics* appears to support this approach. Appropriate remedies to address the problems of burnout and stress largely revolve around whether they are viewed as issues that lie in individual pathology that are best assisted by the stress reduction techniques or systemic problems that have to be changed by collective action of social workers overall. While an “either or” approach is not needed, the language used in the revised *NASW Code of Ethics* helps to oppress social workers by having them take responsibility for the negative consequences of practices and structures that they did not create.

The social work profession’s “missing the mark” on mandates about social work self-care is not surprising as the profession has consistently moved away from working on the macro level to promote fair wages, redistribution of wealth, and access for all to embrace a more individualized form of social work, known as casework, based on individual need (Richmond, 1917; Specht & Courtney, 1995). Social work was originally rooted in affecting social policies and community environments to improve conditions for those adversely impacted. Central to that effort was a belief that the focus of change should be the environment, not the individual. Social workers were charged with promoting a collectivist approach to policy, focusing on societal improvements that allow full participation by all. Recent work on social determinants of health reinforces the principle that social and political factors in larger society are the primary influencers of citizen well-being (Paro et al., 2021).

It is essential that self-care be reconceptualized as a problem needing to be remedied by collective intervention. No language was added to sections in the *NASW Code of Ethics* that focus on public participation, organized action, participation in labor unions, or social and political action, though all would be needed to remedy working conditions that result in added stress and burnout of social workers.

Social workers are trained to intervene at the root cause of a problem. Data clearly indicate that social workers, who are predominantly women and more likely to be people of color than allied professionals, have low wages, high loan debt, and often face safety issues on the job. While the profession identifies dignity and worth of people as a core value of the profession (NASW, 2021), social workers are asked to make extreme sacrifices by working for free during their educational preparation and even being called upon to volunteer their time as an ethical mandate after graduation.

Research shows that micro level self-care assists with alleviating symptoms of burnout and work-related stress and there is value in continuing to promote individual practices such as mindfulness, yoga, and guided imagery (Dalphon, 2019). However, these techniques do not address the root causes of stressors from workplace deficiencies (Moss, 2020). The *NASW Code of Ethics* clarifies that self-care is necessitated by the struggles associated with the nature of the profession and its challenging work environment (i.e., employer and client demands, traumatic exposures, and workplace issues). An emphasis on self-care as an individual responsibility not only charges the practitioner with remedying the problem, but it also discounts the occupational hazards that are the root causes. Requiring employees to cope with workplace challenges without holding employers

accountable ignores the person-in-environment perspective to problem-solving that has been so central to the social work profession.

The reasons for reconceptualizing self-care as a social justice issue are many. When the cause of the problem is properly identified, recommendations can be appropriately made to collectively advocate for policy changes that impact the well-being of social workers overall. Additionally, viewing self-care as a social justice issue helps fuel conversations that have long been overdue. Diversity of practice and employment settings have made uniting difficult. Additionally, social workers, like others, have been particularly isolated due to COVID-19, without professional conferences and meetings where momentum around mobilization typically occurs.

Social work has long struggled with its identity and public image (Gitterman, 2014). Though well-meaning, the new language in the *NASW Code of Ethics* reinforces the belief that individual actions (“self-care”) reduce the harm associated with the stress that social workers are likely to suffer. Social workers should not be blamed for or asked to eradicate the ills from work conditions as doing so will not help raise the reputation of the profession and will do little to eradicate the problems. Though not exhaustive, the following section identifies recommendations that could greatly assist and are consistent with reconceptualizing self-care using a social justice perspective.

Table 1. *Mezzo and Macro Approaches Needed to Remedy Oppressive Work Conditions*

Collective Action and Advocacy
<i>Organizational Change</i>
<i>Health and Safety in the Workplace</i>
<i>Unionization</i>
Policy and Educational Reforms
<i>Title and Practice Protection</i>
<i>Paid Internships</i>

### **Recommendations**

Social workers have at times been characterized as bureaucratic employees who act mechanically, often without second thought, routinely doing their jobs (Mattsson, 2014). Critical or radical social work has challenged social workers to consider their actions and think about whether their behavior could be oppressive and generate inequalities (Bailey & Brake, 1975). Given that social workers are predominantly women and more likely to be people of color than allied professionals, the concept of intersectionality should be explored to better understand the extent to which gender, race, and ethnicity contribute to the oppressive salaries and working conditions of social workers. Intersectionality has been used as an analytical approach to understand how social structures affect people’s living conditions (Simon et al., 2022). Additionally, intersectionality has been cited as a useful tool for critical reflection (Mattsson, 2014). This article deconstructs social workers’ experiences to provide mezzo and macro recommendations for addressing oppressive work conditions, as summarized in Table 1, rather than micro self-care approaches which perpetuate inequality by placing the burden on workers. Through collective action,

advocacy, policy improvements, and educational reforms, social work could see transformational change that could enhance safe, ethical, and effective practice.

## **Collective Action and Advocacy**

### ***Organizational Change***

The *NASW Code of Ethics* states that social workers should advocate for change on behalf of those whose living conditions do not enable the fulfillment of basic needs (NASW, 2021). Though advocacy for livable wages and safe working conditions is fundamental to fulfilling the mission of the profession (Reisch & Andrews, 2001), there has been limited advocacy to enhance the wages and conditions of practicing social workers. Social workers must be encouraged to view themselves as their primary clients (Reidy, 2021). Social workers must advocate with both educational programs and field agencies for paid internships, arguing that the failure to foster environments in which students are able to cover the cost of living expenses while in school is a direct violation of the *NASW Code of Ethics* (Harmon, 2017).

More schedule flexibility, better training structures, and increased access to interdisciplinary collaboration are cited as impactful changes that maximize social work satisfaction (Johnco et al., 2014). CSWE, NASW, and other professional groups need to work together to publicly acknowledge the negative impacts of unmanageable workloads and inadequate agency support (Reidy, 2021). Central to a coordinated campaign would be pressure for organizational policies aimed at adequate staffing to meet appropriate client-to-clinician ratios, fair and livable wages, sufficient time off, and supportive leadership.

Burghardt (2021) states that social work has been far too complacent as the erosion of the welfare state, inadequacies in the academy and educational preparation, systematic racism, and failure of leadership have eroded the professional legitimacy of social work, negatively impacting its professionals and those served. Under Burghardt's leadership, a *Social Worker Equity Campaign* has emerged, calling for collective action against inadequate working conditions and financial insecurity that impact practitioners who ironically work against those very issues in their clients' lives daily (S. Burghardt, personal communication, September 26, 2021). Despite the documented need, however, collective action aimed at improving organizational conditions may be difficult as it would require a transformative shift in social work's focus to the mezzo and macro levels, areas which have not been the focus of the profession in recent years. Greater participation in Burghardt's effort and others focused on collective action will be needed to be a formidable threat to the status quo.

### ***Health and Safety in the Workplace***

Personal safety is a right that should be afforded to all workers; it is an essential component of a healthy professional environment and one that drastically affects work experience and performance. Investing in personal safety remedies, such as assembling safety teams who report, record, and address workplace violence incidents (and provide

support to impacted staff), revitalizing employee training programs, and improving protocols for field visit safety (such as mandating pre-visit safety assessments and creating safety plans when deemed necessary), are vital steps in reducing the trauma associated with feeling and/or being unsafe in the workplace. Safety training for students within the social work curriculum is also an important preventative strategy, as is researching ways in which technology can be used to reduce risk.

Funding will be essential to increase the safety of social workers so legislative action is needed to realize intended goals. In order to lead safety teams, new employees must be hired or current employees will need to be reassigned. Training staff on preventive safety and self-defense requires that current supervisors have access to reliable training courses or certifications. Technology such as safety cameras, Global Positioning System (GPS) tracking devices, and upgraded mobile phones will be beneficial; however, additional technology requires enhanced funding. There is also a need for increased punitive charges for attacks on social services employees, with violators automatically facing felony charges when harming social workers on duty. Mental health, resilience, and professional endurance could be significantly improved when the potential for life-threatening harm is reduced and social workers have greater assurance that they are safe and supported at work.

### ***Unionization***

Despite a strong interest in unionization (Lightman, 1982) and historical recognition that social workers should be taught more about labor relations (Shaffer, 1979), the profession has stayed largely outside of this movement (Farr, 2021). While there is some concern about the ethical issues associated with striking or other collective action that could result from unionization, there appears to be a consistent belief that unionization aligns with social work values (Douglass, 2016). In fact, Jane Addams, a pioneer of the social work profession, supported labor unions' efforts to defend workers (Shields, 2017). Between 1931 and 1944, thousands of social workers joined unions, though their attempt to create an independent social work union was unsuccessful. In the 1950s, the improved post-WWII economy, as well as the growing desire to identify as *professional clinicians* as opposed to *labor workers*, started to draw social workers away from what once attracted them to unionization (Scanlon & Harding, 2005).

Labor unions have made a positive contribution to society by successfully combating abusive working conditions, long hours, and inadequate pay (Leigh & Chakalov, 2021). Providing opportunities for social workers to join unions or developing an independent union for the social work field would better serve practitioners. Within large systems like education, healthcare, and justice systems, unions would provide protection for social workers who may not have direct access to upper-level decision-makers who govern the rules, requirements, wages, and employment permissions that impact their daily jobs. Unions are designed to represent the interests of their professionals – including appropriate pay, fair and safe working conditions, and adequate benefits/time-off – which would give a voice to the workforce and protect against structural and environmental abuses that inhibit self-care.

## **Policy and Educational Reforms**

### ***Title and Practice Protection***

Unlike some allied professions, social work has not had the same success of uniform title and practice protection across states and jurisdictions, making it possible for those without social work degrees to call themselves “social workers” and practice without accredited degrees and requisite training. While achieving nationwide regulation for physicians occurred by 1900, teachers by 1930, and attorneys by 1940 (Law & Kim, 2005), it was not until 1974 that NASW advocated for a social work regulatory board (CSWE, 2015). Four years later, in 1978, what is now recognized as the Association of Social Work Boards (ASWB) was formed, administering its first licensure exam in 1983 (ASWB, 2022). Today, social work practice is still not uniformly standardized on a federal level. Each state/jurisdiction is responsible for formulating its own regulatory guidelines of practice (CSWE, 2015). According to the *ASWB Laws and Regulations Database*, lack of uniformity has resulted in many different social work titles (ASWB, 2023).

ASWB (2018) has begun a push towards title standardization, proposing that all jurisdictions utilize three categories of licensure: Licensed Baccalaureate Social Worker (LBSW); Licensed Master Social Worker (LMSW); and Licensed Clinical Social Worker (LCSW). Such uniformity in title, along with thorough, standardized practice protection, is an important step in social work policy reformation that can provide great benefit to the profession and those served. Title and practice protection ensures that those without degrees, who may be willing to accept lower salaries, are not allowed to call themselves and work as “social workers.” Continued advocacy for policy uniformity across states/jurisdictions is needed with a focus on removing licensure exemptions that threaten universal standards in professional social work practice.

### ***Paid Internships***

Many trades operate under an apprenticeship model, much like an internship where trainees get hands-on work experience under the supervision of skilled professionals (Vaughan, 2017). A key difference, however, is that students in trade industries learning to be plumbers, electricians, or mechanics, for example, are compensated for their work as apprentices. CSWE should consider modifying field education requirements to adapt the apprenticeship model. When students are paid for their contributions, they devote their time, attention, and efforts to learning as opposed to being burdened with the need for additional paid employment to cover expenses associated with unpaid internships. By paying student interns for their work, employers receive added productivity at a lower cost, freeing up social work supervisors to focus on larger, more complex projects (Lilly, 2020).

While identifying financial resources to pay social work interns will not be easy, it is necessary as the current system is only sustainable at the expense of the well-being of social workers entering the profession. Agencies need to recognize the contributions of social work students by advocating with funders to increase budgets to allow them to be paid during their internships. If the labor provided by social work interns was considered in

agency operations, it is likely that organizations would find themselves in structural deficit if students were compensated. Being truthful with funders about the “true cost of care” is essential and needed to assist social workers who are currently personally feeling the impacts of larger systemic issues beyond their control.

### **Conclusion**

Self-care must be reframed as a social justice issue, with full recognition of the environmental strains that contribute to stress and burnout of social workers. This conceptualization is much more consistent with the person-in-environment perspective that has been the hallmark of social work. The profession has a long history of illuminating systemic problems and combating them with macro level solutions. While NASW appropriately brought attention to self-care, the revised ethical code misplaces the burden of responsibility onto social work professionals who must learn to cope with work-related stressors instead of employers and funders who should eradicate the injustices that are the sources of stress.

Consistent with the social work profession’s increasing focus on addressing problems through micro-level interventions is the mandate of practitioners to be responsible for their own well-being. While there are merits to yoga, mindfulness, journaling, and guided imagery to manage personal stress, it is not appropriate to use these techniques to address low salaries and poor working conditions that are the root causes of much hardship experienced by social workers currently. Rather educational programs must help social workers entering the field to understand that personal self-care practices are methods to address the impacts of underlying stressors, not the stressors themselves. The literature has almost exclusively focused on the importance of evidence-based micro practices to manage stress of social workers without properly recognizing the need to employ mezzo and macro methods to eradicate the sources of stress. The former are necessary coping skills but not means to address the root causes of stress and burnout.

Recent workforce studies (George Washington University, 2017, 2019, 2020) have highlighted the low salaries and high student loan debt, as well as other hardships, experienced by social workers. However, these data are not readily promoted to employers and service funders. The profession must reconsider unionization and revisit educational standards that allow students to engage in unpaid internships, graduating with substantial student debt. Specific organizational changes, improved workplace conditions, and title and practice protections are additional mezzo and macro level interventions that would help remedy the problems that necessitate the need for self-care. In order to realize changes, collective advocacy and political action will be required. Mandating coping strategies as methods of self-care is a reactive approach that can never be truly monitored or enforced.

Social work has the opportunity to use a social justice lens to examine the inequities within professional work environments. This approach will likely have a more significant impact on the performance, retention, longevity, and mental health of social work professionals than yoga and mindfulness. Returning to the roots of the social work profession appears essential to ensuring its survival as all agree that stress and burnout of the workforce are real problems, but fundamentally disagree on the proper approach to

move forward to address them.

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**Author note:** Address correspondence to Dawn Apgar, Department of Sociology, Anthropology, Social Work, and Criminal Justice, Seton Hall University, South Orange, NJ, 07079. Email: dawn.apgar@shu.edu