



Moral distress and burnout among child protection social workers

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Finnish Context of
Child Welfare
/Protection

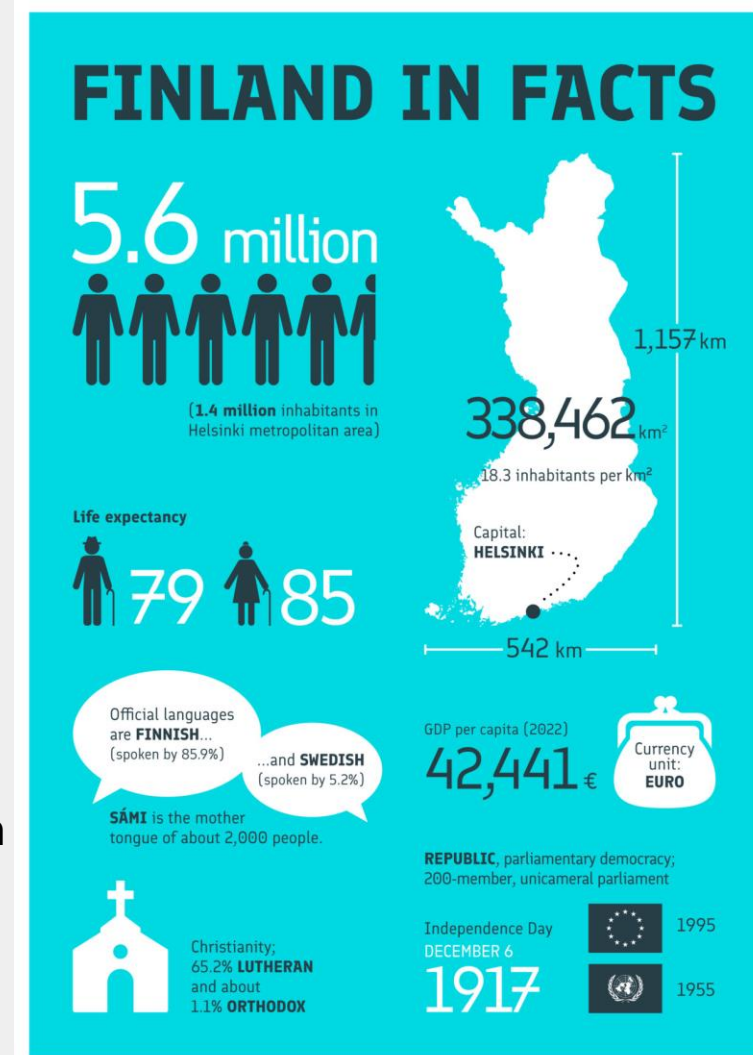
Moral distress and
Burnout

Promoting Well-
Being at Child
Protection Work



Child welfare in the Nordic Model

- Finnish Child Welfare act: aims to protect children's rights to a safe growth environment, to balanced and well-rounded development and to special protection.
- Rights-based approach to benefits & services
 - All families face occasionally challenges: it's the society's duty to support the parenting and the well-being of the families
 - universalism & equality (see Anttonen & Sipilä 2014)
 - equal opportunities: investment in the social & cognitive skills of children
- Family service orientation:
 - emphasis on preventive & universal services
 - Universal, good quality and affordable child care, reasonably generous leave schemes and family allowances
 - Services, which facilitates combining family life and work



(e.g. Esping- Andersen 2009; Kvist & Greve 2011, Berrick et al. 2015; [Ministry of Social and Health](#))



What is going on in the Nordic Welfare states?

- Shift towards a more market based model
 - Privatization of services
 - Expansion of freedom of choice-ideology between public and private service providers; introduction of service vouchers
 - Changes in the public management (NPM, Lean)
- More emphasis of work first approach & active labour market policies
 - Benefits have become conditional on participating in activation programmes
- Less progressive taxation
- Erosion of benefits & (preventive) services
 - shift from prevention to early intervention...
 - Increased user fees (e.g. child and health care)
- Growth of private health insurance schemes
 - questions the idea of equal access to good quality services
- Introduction of tuition fees to foreign students (in Finland)
- Growing inequality
(see e.g. Kvist & Greve 2011; Julkunen 2017; Tammelin & Mänttari-van der Kuip 2022)



The realizations of these transformations in the daily practice of social workers

- Intensifying work overload
- Content of the work is changing
 - More control than support
 - From family-service oriented work to risk assessment
 - From need-led practice to a budget-led practice
 - Standardization: less professional discretion
 - More paper work than direct /face to face encounters with clients
 - More short-term than long-term practice → short processes and "emergency work"
- More centralized, but complex service structure
 - Less supportive and preventive services to offer

(see. Eg. Tham 2006 & 2017; Mänttari-van der Kuip 2022; 2023; Tammelín & Mänttari-van der Kuip 2022; Ponnert & Svenson 2016)

Consequences for the Well-Being of Child Protection Workers?





About studying the (work-related) wellbeing of child protection workers

- The multidimensionality of (work-related) wellbeing (Hakanen 2004; Mänttari-van der Kuip 2015)
- Holistic & systemic approach : human being as a bio-psycho-social "entity"
- Human beings as active agents embedded in their environment, that is, the "*person- in-environment*" perspective (Otto & Ziegler 2006; Gupta et al. 2016a).
 - The importance of the context when studying the wellbeing of social workers:
 - Acknowledging the immediate (e.g. organisatory) and wider socio-political context (welfare state, welfare reforms etc.)
 - Wellbeing and capabilities (CA, ks. Sen 1993; Nussbaum 2011): **What are your opportunities to practice in a way that you consider valuable/good child protection work?**
 - Meaningful (working) life and the basic human needs (Deci & Ryan 2000; Martela & Riekkari 2018)



Basic psychological needs and wellbeing at work

- Self-determination theory (Deci & Ryan 2000)
 - The following basic needs must be met in (working) life for a person (a social worker) to thrive:
 - *Autonomy*: Am I free to decide my own actions and can I do things in my job that I consider important and valuable?
 - *Competence*:) Do I get things done in my work? Can I cope with the tasks and challenges of the job?
 - *Relatedness*: Can I be part of a safe and supportive working community?
 - *Benevolence*: Can I do my job in a way that has a positive impact on people's lives? (ks. Martela & Ryan 2016; 2020)
- How does your work contribute to meeting your basic human needs?

Ethical
stress/strain
related to the
nature of work

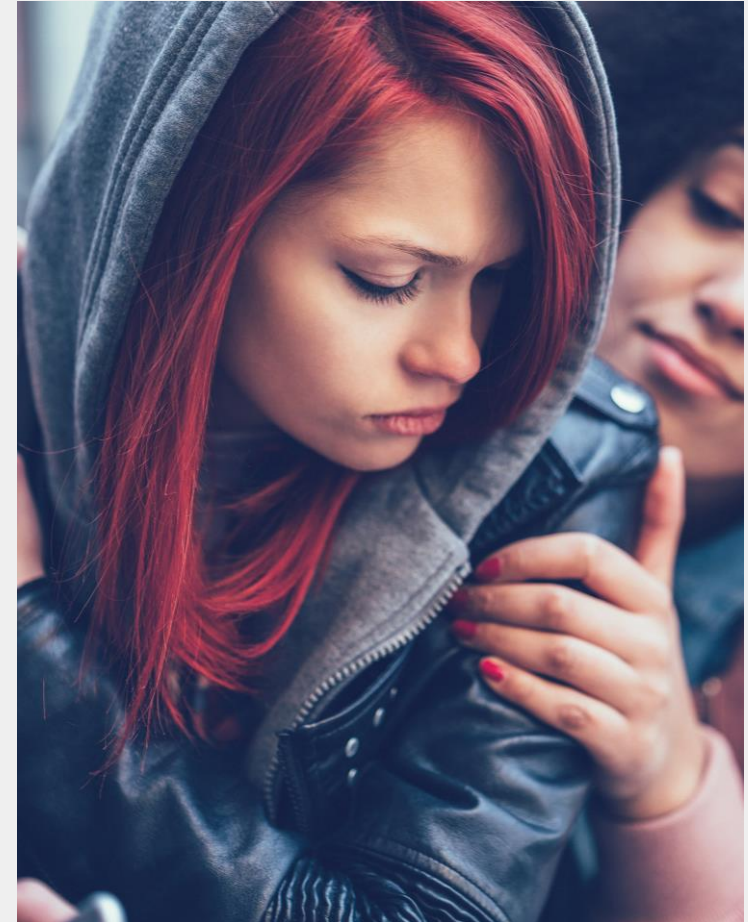
Ethical stress/
strain related to
the structures of
the work





The impact of the helping profession/work on the well-being

- Offering professional help is not only causing stress, but it has also positive wellbeing effects to the helping professionals
 - It might bring a great sense of satisfaction and contribution to the community (see benevolence).
 - Finding your work meaningful and rewarding
 - Witnessing positive change(e.g. .Pelon 2017; Bae ym. 2020; Radey & Figley 2007)
- Compassionate practice can be a source of well-being at work (e.g. Pelon 2017; Bae ym. 2020; Dehlin & Lundh 2018)
 - *Compassion satisfaction* = the positive consequence of helping behavior (see Radey & Figley 2007)
- Well-being of social workers may be enhanced by acknowledging, facilitating & nourishing compassionate relationships with clients (Tanner 2020).
 - *“the emotional risks to social workers emanate not from the toll of feeling compassion for those in distress, but rather from a thwarting of their desire to act to alleviate suffering.”* (Tanner 2020, p.1688)





Nature of child protection work as a source of ethical stress

- Phenomena encountered in the practice e.g. human suffering, people in difficult and traumatic life situations, abuse, violence etc. (mm. Molnar ym. 2020; Brend 2020)
 - Vicarious trauma, secondary traumatic stress, and compassion fatigue are conditions related specifically to practising with people in vulnerable life circumstances/ trauma populations (see Newell & MacNeil 2010)
- The tensions and complexity of social work
 - E.g . ethical dilemmas and conflicts (Ks. Jameton 1984; mm. Berrick 2018; Mänttäre-van der Kuip 2020; Weinberg 2009)
- The care responsibility:
 - The social worker's job is to look after clients who are in need of help and support (Juhila 2006)
 - E.g. in child protection work, the social worker is responsible for the child and for ensuring his or her growth and development.



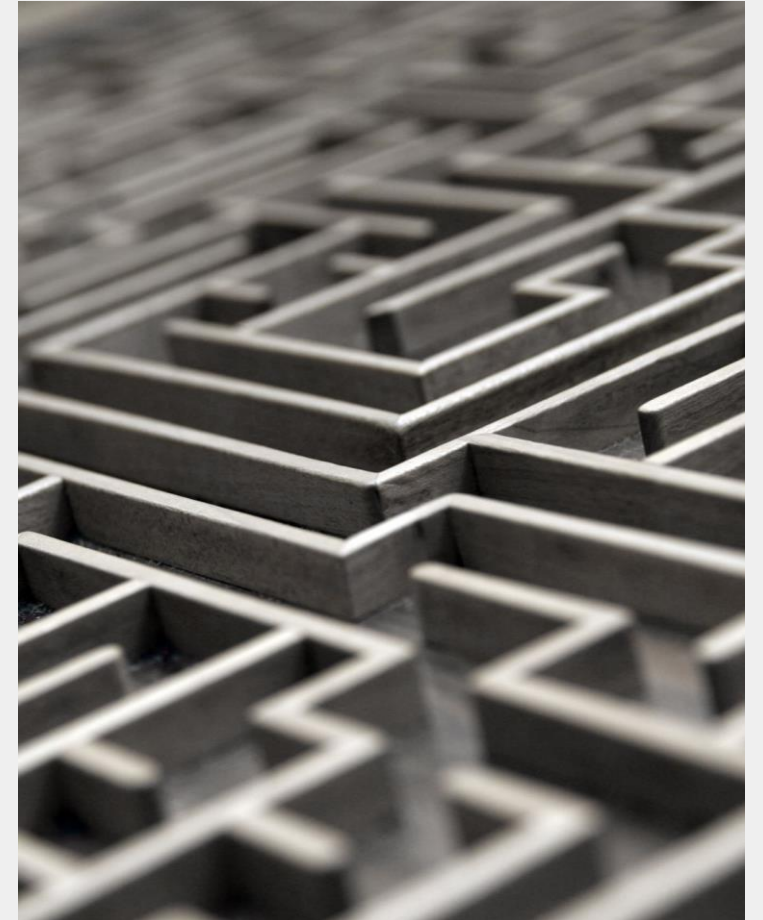
The context/structures of the work as sources of ethical stress





Ethical stress/ strain related to the structures of the work

- Not all ethical strain is due to the nature of child protection work
- Remarkable amount of strain originates from the structures of the work, and from the fact that this ethically and emotionally challenging work is done in a context that challenges the (moral) agency of the worker
 - Constrained opportunities to do ethically sustainable, meaningful and good quality child protection work.
- Examples of concepts tapping this kind of stress:
 - Moral distress (see Mänttäri-van der Kuip 2020)
 - (Policy) alienation (see Tammelin & Mänttäri-van der Kuip 2022)
 - Moral injury
 - Ethics stress





What is moral distress (MD)?

- Multiple different definitions, many of which draw upon Jameton's initial description of MD, can be identified in the literature (McCarthy & Gastmans, 2015):
 - Jameton (1984: MD develops in a situation *"when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action."* (p.6)
- MD can be understood as: "(1) the experience of a moral event, (2) the experience of 'psychological distress' and (3) **a direct causal relation** between (1) and (2)" (Morley, 2019, p. 646; see also Mänttari-van der Kuip et al. forthcoming).
 - =suffering experienced by professionals as a result of restricted moral agency
 - =*"the negative emotional reaction to potentially morally injurious events (PMIEs)"* (Maguen and Norman, 2021, p.2)
 - no clear consensus on what constitutes these morally loaded events or situations—or the nature of the resulting distress (Mänttari-van der Kuip, 2020; Morley, 2019)
- MD puts the wellbeing of social and health professionals at risk:
 - associated with burnout, post-traumatic stress, and even suicide among medical professionals (e.g. Foli et al., 2020; Van Oers, 2021).



What is moral distress and how does it manifest itself in child protection work?

Experiences of moral distress may be related to

- One's own actions e.g. compromising the quality of work or acting against one's own principles or failing to do something
- the actions of another professional, e.g. the actions of a colleague that are perceived to be wrong in some way
- the culture and practices of the workplace
- Representing the service system that causes suffering for the clients (e.g. not replying the needs of the clients)

- It can be about
 - A single, clear-cut situation e.g. a single decision
 - an accumulation of such situations
 - a vaguer weaving load, the so-called "constant feeling of inadequacy and guilt grumble"
 - Central to MD is the experience of powerlessness (inability act) (see Jameton, 1984) and the realization that the actions will negatively affect the clients
- What kind of role compassion plays in MD?



Organizational factors and experiences of MD in child protection work 1/2

- Organizational factors frame child protection work and limit the possibilities of creating and maintaining a caring relationship with one's clients.
- Scarce or insufficient resources challenge the moral agency of child welfare social workers:
 - " *It's like trying to patch a really big hole in the wall with a Band-Aid.*" (ex child welfare sw)
 - The difficulties of prioritisation: " *The work is constant, absolutely constant prioritization. When you do one thing, you know you're going to have to leave something undone. You're not doing the documentation, the client plans, the decisions in a timely manner (...) You are also difficult to reach.* (sw)
- Clashes/conflicts of values and approaches views
 - Work culture and the orientation/ approach to child welfare work
 - the way child protection work is practiced in the organization can feel alien, wrong & cause strain
 - " *I am part of a culture that knows better than clients what helps them and what is good for them.* " (sw)
 - Focus on financial aspects vs. client's needs
 - the technical rationality of organizational activities vs. the caring & nurturing elements of work (ks. Juhila 2006): " *It's more important that the figures look good*", (sw) (see Tanner 2020)



Organizational factors and experiences of MD in child protection work 2/2

- Pseudo-autonomy: organizational policies, guidelines and practices (see also Ylinen et al. 2021) that limit the moral agency of the social workers
 - *"The supervisor has said many times that there should be no placements of children because they cost money. He would also be happy to direct placements to the cheapest places, even if it was against the best interests of the children."* (sw)
 - *"I need my supervisor's permission to make decisions that are legally mine to make (...) Clients are not getting the services they need because the services are offered based on the guidelines, not according to clients' needs"* (sw)
- Missing or broken support structures
 - Social workers do ethically challenging work all too often on their own and it puts a strain on them: lack of collegial support and supervision
 - The organization leaves the employee alone without sufficient support.

(Mänttäri-van der Kuip 2023)



Moral distress and burnout

- Moral distress, burnout and their potential (conceptual) overlap?
 - Are we able to separate these two from each other?
- Burnout (Maslach et al., 2001) has been found to be a closely related phenomena to MD (Fumis et al., 2017; Oh & Gastmans, 2015; Ohnishi et al., 2010).
- MD as a major cause of burnout among healthcare professionals (Dzeng and Wachter, 2020)
 - Also clear associations among social workers (see Mänttari-van der Kuip et al, forthcoming)

- Burnout = a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the work.
- The three key dimensions of this response:
 1. overwhelming exhaustion,
 2. feelings of cynicism and detachment from the job, and
 3. a sense of ineffectiveness and lack of accomplishment.



(Maslach et al., 2001; Maslach & Leiter 2016).



Have you experienced moral distress? (see Mänttari-v.d. Kuip, Brend, Herttalampi, forthcoming; see for the accurate scale items and scoring)

- Have you encountered any of the following situations at work? If so, do you feel that you cannot cope or find it difficult to cope with the discomfort caused by these experiences? If you answered yes to these questions, you may have experienced moral distress at work.
- ☐ Have you ever been unable to do your job in the way you believe it should have been done?
- ☐ Have you been pressured, obligated, or forced to do something at work that did not seem like the right course of action?
- ☐ Have you been in a situation at work that required you to act despite being unsure about what the right course of action was?
- ☐ Have you witnessed things happening at work that you believed to be wrong but felt powerless to change?
- ☐ Have you encountered situations at work that have caused you to compromise your professional values or ethical principles?
- ☐ Have you encountered situations at work that have caused you to compromise your personal values or ethical principles?
- ☐ Have you encountered situations at work in which you knew the right thing to do, but felt you were unable to do it?



What can be done?



How can you maintain your wellbeing at work when facing the suffering of others?

- Aim to strengthen skills that contribute to functioning in a potentially stressful work
 - Knowledge and understanding of (work-related) well-being and the issues affecting it in sw
 - Study and test self-care practices which help you recover (during and after the day) (see Cuartero & Campos-Vidal 2019; Acker 2018; Radey & Figley 2007)
- Learn to know yourself and how your work affects you
 - Recognize and accept the vulnerability in yourself too (Tanner 2020, Nussbaum 1996)
 - Self-reflection and a curious/analytic attitude towards oneself
 - Be aware and acknowledge your own starting points e.g. your own ACEs and potential trauma experiences (see Steen ym. 2021)
 - Learn to recognize and accept your own limits and signs of stress.
- Be compassionate towards yourself as well (*Selfcompassion*, ks. Neff 2003):
 - "good enough"



The risks of the individual-centered approach to well-being at work in social work



Svend Brinkmann
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Hvis du tænker positivt hver eneste dag, arbejder hårdt, stræber efter at blive den bedste udgave af dig selv, omgiver dig med inspirerende mennesker og aldrig giver op, så er der ingen grænser for, hvor udmattet du kan blive.

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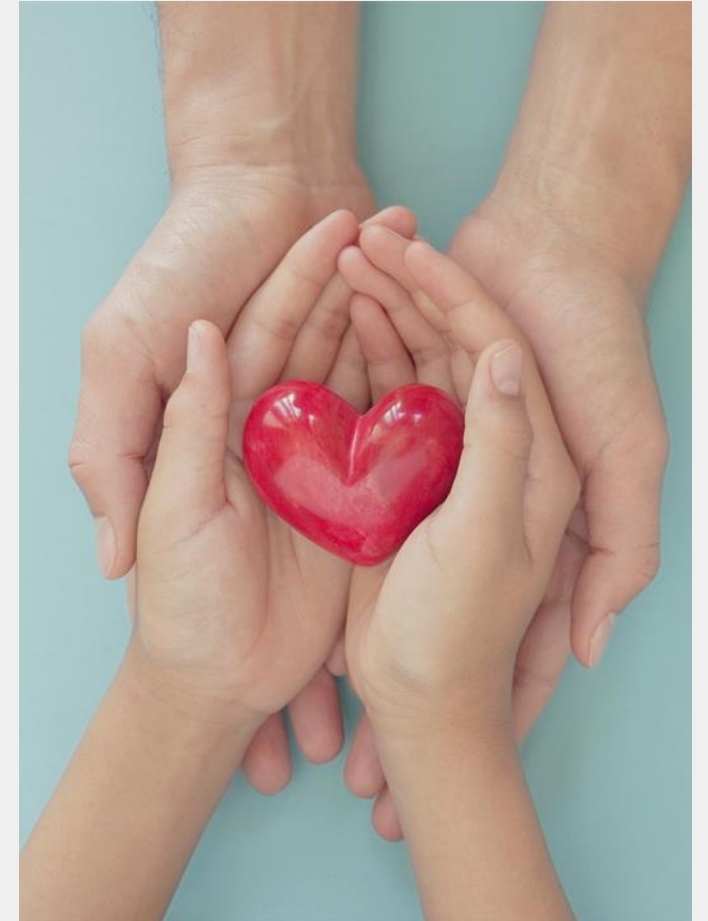
- If well-being at work is understood and improved only from the individual perspective/standpoint and out of context (without understanding the effect of the structural factors), the responsibility for well-being at work may shift too much to individual social workers (see Mänttari-van der Kuip 2015):
 - Alleviating symptoms vs. tackling their root causes and changing the structures that generate the burden
 - Seeing e.g. burnout as a worker's weakness vs. a normal reaction to excessive and disproportionate stressors
 - Brinkman: *"If you think positively every single day, work hard, strive to be the best version of yourself, surround yourself with inspiring people and never give up, then there are no limits to how exhausted you can become."*



How can work communities and organizations support workers?

- Creating support structures that promote the well-being of workers in (ethically and emotionally) challenging work (see e.g. Tham 2021)
 - professional counselling/supervision (group or individual)
 - adequate opportunities for peer support e.g. working in pairs, mentoring, teamwork
 - time and space for reflection
 - opportunity to talk about and reflect the difficult and potentially traumatic situations encountered at work e.g. separate sessions and counselling
 - sharing the responsibility
 - time for self-care
 - affecting the type of cases and tasks at work

(ks. Figley 2002; Bell ym. 2003; Reunanen & Holma 2011; Harrison & Westwood 2009; Baugerud ym. 2018; Michalopoulos & Aparicio 2012; Tham 2021, Tanner 2020; Radey & Figley 2007)





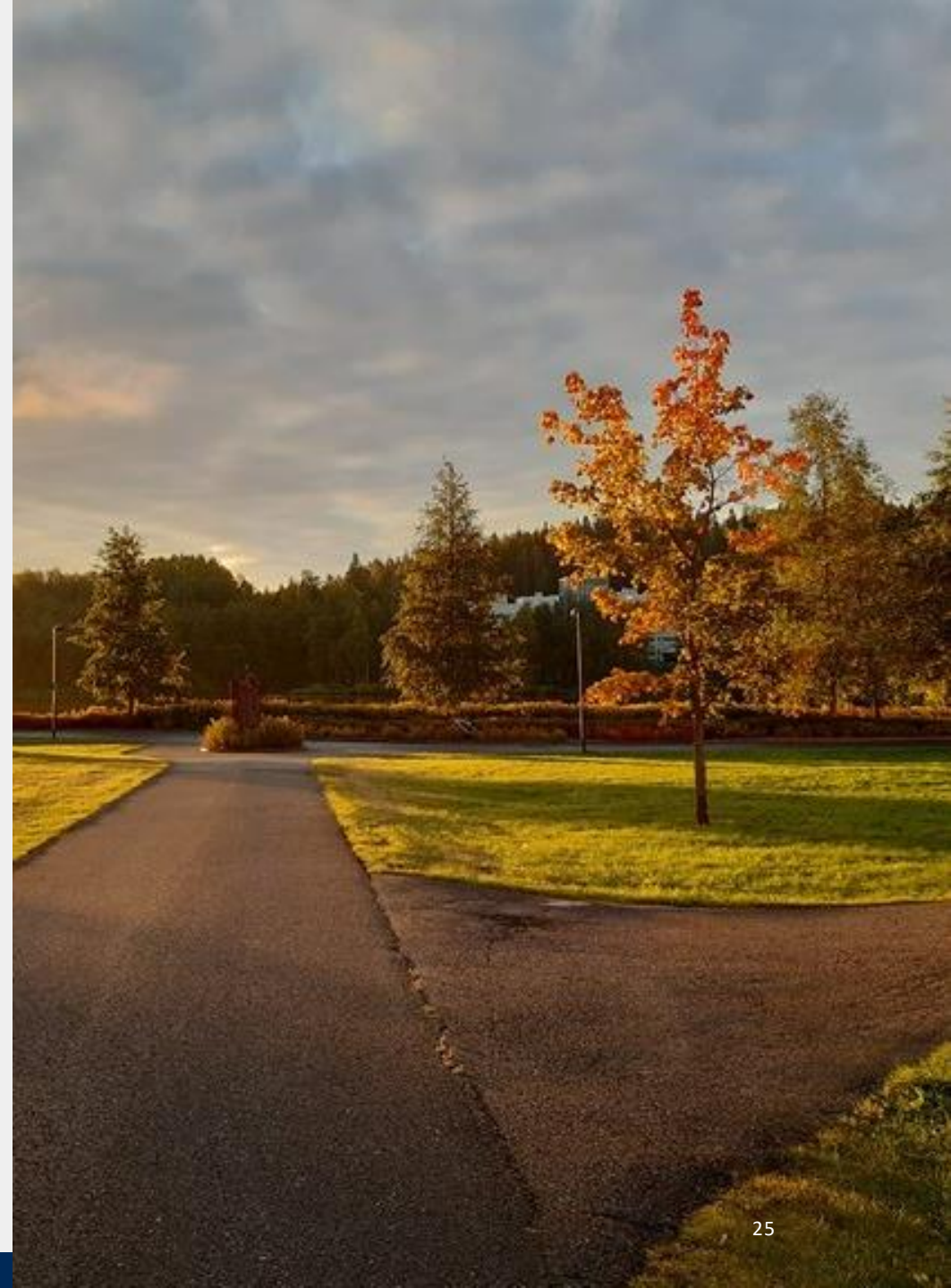
What can be done about ethical stress/strain originating from the **structures of the work?**

- **Act!** Acting on values is connected to improved wellbeing: *“the emotional risks to social workers emanate not from the toll of feeling compassion for those in distress, but rather from a thwarting of their desire to act to alleviate suffering.”* (Tanner 2020, p.1688)
 - Identifying what can be done despite everything?
 - Stand up for what is good social work (see Kim Strom: <https://www.formoralcourage.com/>)
- Building and maintaining an ethically sustainable culture at work/organization
 - Adequate forums for dialogue & reflection:
 - Permission and time to take a critical look at one's work
 - Identifying and addressing factors (e.g. lack of resources, ineffective and unfair practices) that contribute to the stress you are experiencing
 - What enables to overcome the obstacles of good work and compassionate practice (see Tanner 2020)?
 - Getting rid of the normalization of burnout



The perspective of hope and the possibility of positive change

- Burn out or stress disorders do not have to be accepted as mandatory and inevitable part of career path in child protection work!
 - They can be prevented in many ways .
- However, be aware and acknowledge that there are factors, both in the nature of the work and in its structures, that can create stress
 - Identifying these is important so it is possible to influence them and to protect oneself from their harmful effects.
- The aim for positive change is at the heart of social work!
 - Acknowledge the positive wellbeing effects of compassionate practice (Tanner 2020; Radey & Figley 2007)
 - Seeing structures as something that can be influenced and changed
 - It is also possible to improve one's own work and working conditions (e.g. Tham, 2021).





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