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Professional Identity Perception of Hospital Social Workers in Slovakia

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Abstract

The paper discusses the topic of professional identity of social workers in hospital settings. The authors describe the development of hospital social work in Slovak Republic from 1920´s untill present day. They emphasize how the political and social changes in that period influenced the status and development of social work as a profession and what are the requirements for the performance of social work at present time. The article also presents the findings on professional identity of social workers, mainly the status of the profession, to what extent social workers identify with their profession, how they define the relationship of social work to other disciplines, and finally, how they describe their professional approach toward the clients.

Key words

Social worker, hospital setting, professional identity, perception

Introduction

Social workers working in healthcare institutions daily overcome a lot of problems and have to face number of challenges which often are unpredictable, however it requires acute intervention. Presented issues are closely related to transforming healthcare environment, health and social policy of the state, demographic development, radical families modification, increase in chronic diseases and so on. The role of social work in hospital institutions is to participate in removing consequences of patient disease. Further it helps to improve patient´s adaptation, overcomes difficulties, it helps to motivate patient´s treatment and finally it makes patient´s well-being better. This approach itself implicitly highlights the complex care about client in accordance with what the mission of social work and hospital institutions is. In spite of the facts mentioned above, we still can see example in practise that the social worker´s position in hospital is not appreciated fully, or more precisely undervalued and social workers themselves have to defend their own identity in complicated way. This was the reason why we have decided to find out what the actual state in this field is, via the pilot study, which we implemented last year in autumn. The study is an initial step in the project called "Identity of the social work in Slovakia". Its aim was to find out the from social workers employed in local hospitals, just as they themselves evaluate their own position in a health care facility.

The historical development of social work in hospital settings

Development of social work took place in Slovakia as in most countries. Social work has its roots in hospital settings in the early 20th century. In former first professional social workers appeared Czechoslovakia in hospitals. Along with doctors social workers pointed out to the fact that the health state of patients, its changes are significantly influenced by the patient´s psychological state, which has the impact on his/her family and the environment, relationships with relatives, family support, economic situation, the care, the availability of treatment and the like. The original orientation of nurses and doctors in the area of assistance in solving some of the problems of patients who often had their origins in private, family or work environment eventually grew into one of the strongest streams of social work, today known as social work in health care (Kovalčíková, 2005, Majchráková, 1999). The relationship between health and social work from the initial period of formation of social work as a new profession was very closely connected. In the initial period, medicine provided social work not only theoretical basis, but it was also influenced the approach of social workers working outside from the health settings, where social workers approached to client´s problem solving as to solving social disease. The medical model of social work was created in which the social worker saw himself as one who is called to find the response to the client´s problems. Although the medical model from the beginning emphasized the importance of the three basic elements of social work, which were treatment prevention and help, but nevertheless classical medical model is focused primarily on two components, mainly the treatment and helping (Úlehla, 1999).

However in the era of socialism possibilities of social work were considerably limited in view of fact that the system then did not allow the existence of social problems. The development of this scientific discipline was stopped and they did not publish almost any book focused on issues of social work. Social education was abolished. It was supposed that after removing of unemployment, unifying the health care, introducing of free treatment, improving care for man in old age and disease, there will not exist people who increasingly need social

assistance. This period is characterized by the so-called medicalisation of social problems, which in real life meant that if there were problems in the society, they were perceived and dealt with as a disease that is institutional form.

Political and social changes in 1989 meant for social work a new period in its development. Newly created problems such as unemployment, homelessness, increase of drug scene, an aging population, the breakdown of traditional family, as well as taboo issues, for example abuse in the families, human trafficking, brought the need for new approaches and methods, which were supposed to be effective in reducing these problems. Content changes and quality of social work carried out under social assistance gradually put increased demands on social worker qualifying, professional and personal assumptions are. The ranges of tools of social assistance were extended and the sequence and hierarchy of their use were changed. Primary importance began to put on social counselling. The attention was not directed only to the collection, analysis and summarizing of information about the causes of social events, and to the recommendations of the possibilities and forms of solutions, but mainly to the mobilization and activation of the citizen and his family to find their own sources of possible solutions.

The system of client´s social support has become very important far crucial. More authors emphasize the importance of patient´s wider social environment - a network of relationships, intimate support influences mental state / atmosphere of sick, and it further affects his overall health (Křivohlavý 2009, Bartlová, 2005, Kapr, Koukola, 1998). Even social work in hospitals had to respond very rapidly to increase of new problems with which the patients were not able to cope with. Here the practice requested the need to have qualified social workers. The reaction to the needs of practice was in social worker´s position in hospitals after releasing the revenues of the Health Ministry of the Slovak Republic about minimum demands for hospital staffs. Social workers in hospitals are categorized as "other health worker", which basically means that it is a professional specialist who must fulfil except of good health and integrity also the professional qualification, which is guaranteed by university degree (I. or II. degree).

As a part of professional teams social workers participate in gathering and processing of expert information that would facilitate proper diagnosing of client´s social problems, and subsequently in the development of appropriate strategic approaches to encourage customers to return to the natural environment, defend clients´ interests, eliminate social inequalities. To specifics of social worker´s occupation in hospitals belong mainly knowledge and understanding of medical diagnoses and their reflection in the social field. The relation of social health problems to health state requires skilled and flexible professionals, who are available for patients immediately after admitting to hospital, during their hospital stay and last but after their stay at the hospital.

Except to patients and their families the social workers success is closely conditioned by cooperation with other professionals. Severová (2005) speaks about two teams, in which the social worker works at the same time. Internal team consists of hospital staff - hospital doctors, nurses, psychologists, physiotherapists, special educators, who solve patient´s problems together. External team represents the employees of various institutions (nursing service, local council, job centre, court, specialized state administration, special doctors,

social institutions and other.), who the social worker cooperates with to solve patient´s social problem.

The specific issue is terminological duality in term of social worker´s working position, because social workers and sisters of social service still work on the same positions in hospitals. The name social sister is intended for secondary medical school and social-pedagogical academy graduates. The term social worker is used for graduates of social work at universities.

Professional identity

The core of identity is the categorization of person himself in the role and integration in his own personality meanings and expectations connected with its role and performance (Stets and Burke, 2000). Sociologists always see individuals acting in the social structure, in which the other and they themselves are labelled so that each accept the other as a person in the function or role in society (Stryker, 1980). So everyone assumes role identity, merging role with the person (Turner, 1978).

McCall and Simmons (1978, p. 65) define role identity as follows: "the character and the role that individual defines for himself as a member of a certain social position." Role identity is according to them "conventional" dimension and "idiosyncratic" dimension. Conventional dimension is role-identity that relates to expectations dependent to social status; while idiosyncratic refers to the unique interpretation that individuals bring to their roles. A person usually has more role identities; therefore McCall and Simmons see those roles organized in a hierarchy. This organization is a reflection of the "ideal self"(McCall and Simmons, 1978, s. 74). Highlighting the individual´s identity depends on the extent to which a person 1) receives support from the others for his identity, 2) is committed to the identity, and 3) adopt internal and external rewards of role identity.

A similar concept (with slight modifications) arrives Stryker (1980). The central concept of identity´s is called commitment. Degree of commitment to one's own identity strongly influences the importance of identity. As follows commitment has two dimensions: quantitative and qualitative (Stryker and Serpe, 1982.1994). The first reflects individual's connections to the social structure, commitment is the number of persons to which it is bound through identity. The greater number of people, the greater the commitment to this identity. As an example we can present religious studies role identity (Stryker, Serpe, 1982), and studies of blood donors identity (Callero, 1985). These authors use six-item commitment scale that measures the breadth and complexity of relationships with others in your life based on religious role. The image of hierarchy of identities that McCall and Simmons and Stryker use point to the fact that individuals have more role identities (which are ordered). This idea points out to the fact that individuals always act within a complex social structure, from which these multiple identities are based. The existence of multiple identities can be good for personality. More complex personality more resistant to situational stress (Lenville 1985, 1987). Thoits (1983, 1986) points out that to have multiple role-identities are more advantageous to the individual rather than harmful, because it gives meaning to life and provides guidelines for behaviour. Other studies have shown that the more various role-identity accumulates, the more positive effects on mental health can be observed (Thoits, 2001).

Professions have always been the subject of sociological interest (Abbott, 1988; Freidson 2001). Professions are understood as a privileged, autonomous working groups. Profession can become a "reference group" for the professional identity of its members (Hughes 1958 Hellberg et al 1999), professional identity reflects the image of the profession. We can examine professional identity as dependent on the degree professionalization of occupation to which a person belongs (sociological perspective), and on the other hand, the individual scales of knowledge (psychological perspective) (Mieg, 2008). Among the phenomena associated with professionalization include (Mieg, 2001):

- Specific tasks that involve a high degree of uncertainty and require expertise,
- The central social value involved in these activities, such as health and nature,
- Growing academic knowledge,
- National professional associations or equivalent disciplinary organization

Kosová (2006) understands professional identity as awareness of one's profession in the system of social categories and relationships. It can be received either as individual identification with the profession through the acquisition of norms, values, theories, practices, and so on, or as a process of identification with socially fixed schemes, for example legislative definitions, standards, requirements for the profession. To create a professional identity also affects social discourses, academic debates, learning objectives, state policy, tensions between the macro and micro levels, the historical context of the profession. Professional identity is created and determined by a high degree of autonomy and belonging to professional community, its own self-awareness, degree of satisfaction, relationship to work, social and economic evaluation, the possibility of self-control. One field of professional identity is called professional behaviour defined in terms of four basic attributes:

- High degree of generalized and systematic knowledge
- Primary focus on the interest of the company and not the self-interest of the individual
- High degree of self-control behaviour through ethics codes interiorized in the process of work socialization and through voluntary associations that specialists voluntary govern themselves.
- The system of payment (monetary and honorary), which is mainly a set of symbols of success, therefore, the aim in itself and not the mean to a target of individual interest.

No less important is the definition of professional position in the labour market and social status, which profession in society currently has. They both are the result of negotiation between the professionals and representatives of society (government, ministries, parliament, media, public. (Havrdová, 1999).

Methods

There are no studies that would bring information about how they perceive their own profession in spite of the necessity and indispensability of social workers in hospitals in Slovakia. The aim of the pilot study was to investigate how social workers perceive their professional identity in the environment of hospital settings.

Our research is focused on the following fields (dimensions):

- The degree of identification with the profession

- Status of profession
- Relationship to other disciplines
- An professional approach to clients

In the pilot study was used adapted and acommodated questionnaire, based on the study "Professionalism and conscientiousness in healthcare professionals: Progress report for Study 2 - Development of quantitative approaches to professionalism" (Burford, B. et al.) Data collection took place during the 5.9. – 30.9 2013. To piloting was attended by 20 respondents who filled out on-line questionnaire published via Google Forms. In the questionnaire was used five-point evaluation scale. Data were processed in the IBM SPSS Statistics in. 22 and for the evaluation of the data were used descriptive statistical methods and Spearman correlation coefficient.

To obtain the results, we used the on-line questionnaire. Before distribution, we informed the social workers about the objectives of our study. We have acquired the contacts from the official database of social workers working in hospitals. From the 60 questionnaires were returned back to 20 (33% return). The ratio of male and female respondents was 88% and 12%. Respondents (48%) were aged 31-50 years old. The shortest employment lasted one year, the longest 35 years. The average length of employment was 15 years.

Regarding professional identity as a measure of identification with the profession, a sense of pride in their own work as an inner sense of job satisfaction, the results can be summarized as follows: We found out that our respondents are very strongly identified with their profession. Total agreement was expressed by 76% of respondents and approval 12% of respondents. Pride in their profession expressed to 94% (18) respondents. Good sense of their own profession indicated 88% (16) respondents.

Professional identity expressed in the perception of uniqueness and differences of social work from other professions was expressed in 75% (12) cases. Respondents also indicated that professions counsellor and psychologist are closely contented. As the least similar professions are a priest, a doctor and an official. 77% of respondents said that social workers have specific characteristics that distinguish them from other helping professions. In this context, we investigated the interest of the respondents in lifelong learning. They expressed the need for continuing education in the form of individual study of literature or through training organized by the employer. Similarly, all respondents indicated the information's in the meantime, which is due to the fact that social workers work with current legislation, inevitable.

Status of profession as one of the important components of professional identity was in our pilot study expressed the importance of social work for the society, required level of qualification and the possibility of exercising their decisions. To 94% (18) of respondents expressed clearly positive importance of their profession to society. The respondents determine their work profession for mission that requires a high degree of expertise and knowledge. To characteristics of the profession status belong the interaction with the environment and perceptions of the profession from other professions. Therefore, participants were asked to communicate with other professionals. 94% of respondents replied that they cooperate with other professionals. Nevertheless, almost half of them said that they do not have the same status as other healthcare professionals (doctors, nurses) do. Even more than

half feel lack of opportunities and support for the enforcement of their own decisions. In connection with this deficit, it emphasized the need to own professional organizations as means of promoting the interests of their own profession.

The dimension of a professional approach to client we asked about the time spent with the client, the ability to communicate properly with him, the discretion in relation to the customer and acceptance of individuality. All respondents reported that they reserve sufficient time that is needed to answer the questions from clients. 94% of respondents in their replies emphasized that it is important for them that clients can understand what is happening, in other words what is talked about. On the topic of confidentiality in relation to the client, we asked the questions regarding the privacy to work with clients and respect for confidentiality. Sufficient privacy to work with the client always creates 76% of social workers. No respondent does not talk about clients outside their work environment. The confidential information are discussed only with responsible persons. All respondents indicated that they respect the culture, age, gender, and any disadvantage of the client on the subject of acceptance of the client. Presented calculation of characteristics of professionalism was shown by the clear (100%) of the respondents utterance that all comply with the code of ethics of the social worker.

Due to the low number of respondents in the sample, it was difficult to use statistical analysis procedures. Nevertheless, we used the Spearman correlation coefficient in the study for indication the relationship dimensions. Significant correlative relationships we noticed at the statements of expertise and knowledge relevant to the performance of social worker´s role in health care, trends in the field and also in the position “to be called for” the profession. Detailed coefficients are presented in table no. 1.

Table 1.

Correlations

			I think that being a social worker is a profession, not only a job.	People in this profession have a "call" for this type of work (like priests).	The profession of a social worker is important for society.	It takes a high level of skills and expertise to become a social worker.	A social worker in health should improve his/hers skills on a regular basis.	I follow the evolution and trends in social work in health care.	I renew my skills on a regular basis.	I go to work with energy / enthusiasm.	I use the opportunities for further education.
Spearman's rho	I think that being a social worker is a profession, not only a job.	Correlation Coefficient	1.000	.341	.535*	.472	-.223	-.258	-.092	.386	.009
		Sig. (2-tailed)	.	.196	.027	.056	.389	.317	.724	.126	.974
		N	17	16	17	17	17	17	17	17	16
	People in this profession have a "call" for this type of work (like priests).	Correlation Coefficient	.341	1.000	.544*	.525*	-.384	-.504*	-.629**	.023	-.405
		Sig. (2-tailed)	.196	.	.029	.037	.143	.047	.009	.932	.134
		N	16	16	16	16	16	16	16	16	15
	The profession of a social worker is important for society.	Correlation Coefficient	.535*	.544*	1.000	.535*	-.281	-.227	-.164	.444	.171
		Sig. (2-tailed)	.027	.029	.	.027	.274	.380	.530	.074	.526
		N	17	16	17	17	17	17	17	17	16
	It takes a high level of skills and expertise to become a social worker.	Correlation Coefficient	.472	.525*	.535*	1.000	-.537*	-.483*	-.298	.363	-.292
		Sig. (2-tailed)	.056	.037	.027	.	.026	.049	.245	.153	.272
		N	17	16	17	17	17	17	17	17	16
	A social worker in health should improve his/hers skills on a regular basis.	Correlation Coefficient	-.223	-.384	-.281	-.537*	1.000	.750**	.616**	-.085	.576*
		Sig. (2-tailed)	.389	.143	.274	.026	.	.001	.008	.744	.019
		N	17	16	17	17	17	17	17	17	16
	I follow the evolution and trends in social work in health care.	Correlation Coefficient	-.258	-.504*	-.227	-.483*	.750**	1.000	.580*	.114	.517*
		Sig. (2-tailed)	.317	.047	.380	.049	.001	.	.015	.663	.040
		N	17	16	17	17	17	17	17	17	16
	I renew my skills on a regular basis.	Correlation Coefficient	-.092	-.629**	-.164	-.298	.616**	.580*	1.000	-.010	.856**
		Sig. (2-tailed)	.724	.009	.530	.245	.008	.015	.	.970	.000
		N	17	16	17	17	17	17	17	17	16
	I go to work with energy / enthusiasm.	Correlation Coefficient	.386	.023	.444	.363	-.085	.114	-.010	1.000	.183
		Sig. (2-tailed)	.126	.932	.074	.153	.744	.663	.970	.	.497
		N	17	16	17	17	17	17	17	17	16
	I use the opportunities for further education.	Correlation Coefficient	.009	-.405	.171	-.292	.576*	.517*	.856**	.183	1.000
		Sig. (2-tailed)	.974	.134	.526	.272	.019	.040	.000	.497	.
		N	16	15	16	16	16	16	16	16	16

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Discussion

The presented pilot study showed the presence of a high degree of identification with the profession and the social workers´ professional pride in their occupation. Social workers presented their own profession as a unique, socially significant and different from other professions existing in health care. They emphasize the need for constant, continual learning and acquiring new information in their field as means of increasing their own professionalism. A pilot study showed positive relationship of social workers to clients, a high degree of ethical, empathetic and discreet approach when working with them. At the same time, the study pointed to the lack of peace evaluation of the profession in the medical team and unsuitable working conditions for the performance of social work, for example little support from employers, declaring lower status of social workers compared with other health care professionals. From the side of social workers is also pronounced requirement of support by professional organization which could help to solve some of these problems.

Possibility of generalization of this pilot study is limited by the low return of the questionnaire (33%) and further by the fact that from the number of 80 hospitals in Slovakia, have a social worker only 39 of them. This study may be considered as a first step to exploring and analyzing the identity of social work in the context of Slovak Republic conditions.

Conclusion

If the hospital setting provides health care to paediatric, geriatric, health completely, psychiatric departments, departments of drug addiction, gynaecology and obstetrics, or long-term illnesses. In nowadays from the number of 80 hospitals in Slovakia, have a social worker only 39 of them, it is 48,75%.

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