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Accountability Crises: Consequences of Professionalization

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ABSTRACT

The movement to professionalize social work practice
has had few enemies. It has resulted in limited benefits
to practitioners, primarily in the areas of status and
remuneration. It now appears that this limited progress
has carried a high price. Because of social workers'
claims of professionalism, they find themselves vulner-
able to tests of accountability which are probably
unreasonable, given the context of the field's ever-
changing practice arena.

The current emphasis on accountability has just
destroyed the last rationale for social work to continue
its interminable drive for recognition as a profession.
Accountability, as referred to in this article, refers
to current pressures from governmental and other funding
agencies to demonstrate that money is well spent in
social service programs. It raises the central questions
of efficiency and effectiveness, i.e., how cheaply and
how well are social agencies accomplishing their avowed
objectives? The questions of efficiency and effective-
ness, those which "any scientifically based profession
would ask itself,"[1] are questions which threaten the
very existence of social work and have pushed social
workers to new heights of defensiveness.

Social work practice's romance with the nebulous status called professionalism is not a recent affair. The oft-quoted discussion of Abraham Flexner[2] was published in 1915. Social work was viewed as aspiring, but falling short of criteria, particularly those of educationally communicable techniques, individual responsibility and scientific literature. Greenwood in 1957 observed that social work was still "seeking to rise within the professional hierarchy, so that it, too, might enjoy maximum prestige, authority and monopoly which presently belong to a few top professions."[3] Gartner in his in-depth comparison of social work with medicine, law and education, concluded in 1975 that "the argument is still going on and social work is still trying to rise in the professional hierarchy."[4]

It has rarely been suggested in social work literature that professionalization is anything but desirable, both for those served and for social workers themselves. While many authors have identified conflicts created by professionalism,[5] generally, suggested solutions have been in the form of treatment techniques or compromises rather than in the abandonment of efforts toward professionalism. Blame for professional dilemmas has often been projected upon "other professions" or the public-at-large for not having granted recognition to social work. Despite the fact that a recent study[6] concluded that monetary rewards, recognition by "other professions" and by the society at large offer far less satisfaction to social workers than their work itself, there has been little suggestion that continued efforts at professionalization may be dysfunctional.

Who has benefitted from social work's marginal achievements in the professionalization thrust? What are the consequences of present professional claims in relation to accountability pressures? What should be social work's position in relation to professionalization in the future.

Our Prime Beneficiary: The Client.

Those who social workers seek to serve, clients,
should have benefitted most from professionalization.
But the client is a person or group who, experiencing
discomfort, will take help where and in what form he
can find it. He may accept assistance from a pro-
fessional social worker, relative, neighbor, beautician
or bartender - he could not care less about the helper's
relative degree of professionalization.

But, professionalism has affected the ways in which
social workers can help. In social casework settings,
"benefits" to clients have included such innovations as
"appropriate professional dress," highly polished desks
(with single plastic rose), thick carpet, and multiple
extension telephones (which, paradoxically, allow less
access to the professional social worker than the single
line of his less professionalized predecessor). In
medical and psychiatric settings, the client has encoun-
tered efficient receptionists and rigid appointment
schedules which have served to deter him from seeking
help. He has been made increasingly more aware of the
differences in status between social worker and client
and met with real or imagined class barriers which
sometimes inhibited more than aided establishment of
productive treatment relationships. Naively, the
client has assumed that clinical social work professionals
have and dispense highly specialized knowledge of human
behavior and give informed advice in a straightforward
manner; he has been frustrated by encountering reflective
responses, thoughtful questions and obsession with self
determination.

Clients seeking social change have tended to
reject the professional community social worker as being
too establishment-identified, too noncommittal and too

unwilling to get his hands dirty. As with clinicians,
professionalism has, in many situations, tended to
alienate the very group of people that social workers
seek to serve.

The Public-at-Large. That large group of persons
who are neither client or social worker have been
largely unaware of or apathetic toward social work's
attempts to professionalize. Those who continue to
perceive all social workers as people who take the
working man's money and distribute it to those who
would not work cannot be expected to be any more
positively disposed toward social workers than to
those they serve; they are all lumped into a conspiracy
of professional thieves.

Others have accepted a broadening definition of
professionalism which has occurred and, if pressed,
would acknowledge the claims of social workers along
with that of professional mechanics, hotel managers,
realtors and plumbers. They have no particular
emotional involvement in the movement one way or the
other because "nowadays, everyone thinks that he's a
professional."

To many others, professionalism can legitimately
only be claimed by physicians, lawyers, clergymen and,
perhaps, educators. They have dismissed others as
imposters. On occasions when they have needed to
encounter clinical social workers, they have conceded
lip service to professional status but, through their
actions, disclaimed recognition of social workers as
"genuine professionals." They have patiently attended
family interviews with social workers and tactfully
sought a pause to ask when they could see the doctor.
They have attended meetings when both physician and
social worker were present, half-heard an insightful

comment by a social worker and turned to the physician to
see if it was correct. Through their withholding of
deference they have betrayed the fact that, all claims to
the contrary, they have not acknowledged clinical social
work to be on a professional level with "real" professions.

Community social workers have encountered similar
resistance by the public-at-large. While legislators may
go through the motions of receiving input from social
workers, suggestions are most frequently ignored. Econo-
mists and political advisors often carry much greater
influence when decisions are ultimately made.

Social Workers Themselves. If benefits to others
have been missing, surely social workers themselves must
have gained from the push toward professionalization. One
might expect that a new esprit de corps, a firm sense of
loyalty and unity of purpose might have developed as it
has among doctors and lawyers. Yet disenchantment with
professional organizations and splinter group formation
are much in evidence. The inclusion into the National
Association of Social Workers of Bachelor level social
workers as beginning level professionals has divided
more than unified social workers. Those who oppose this
movement and those who strongly advocate it have, para-
doxically, one characteristic in common--they may both
be motivated by attitudes characteristic of those seeking
to be professionals! The former group has viewed the
need to "uphold and upgrade standards of quality" in order
to achieve additional professional recognition which can
result from restricting membership to those with highest
educational credentials. They are incredulous that non-
MSW's are recognized and see this as a "watering down"
which can only injure the uphill fight for professional
status.

Ironically, concern with professionalism may also explain the efforts of those who seek to broaden the recognized base of social work practice. Unlike law or medicine, social work is "early ceiling," i.e., it permits individuals to achieve peak earnings and positions of authority within organizations at a relatively early point in their careers. A characteristic of persons within early ceiling specialties is that they tend to move in the direction of professionalization, and to make their work more attractive by "raising the ceiling." They professionalize by creating levels of status, they coopt others to become junior professionals to whom they can delegate the less glamorous, routinized, tedious tasks which are performed in an environment of relative certainty. These beginning professionals thereby free up time and energy for the senior professional who can then occupy himself with the more esoteric areas, one-time-only decisions and latency functions. The wish to establish a Bachelor's degree of beginning practice might be explained as an effort to professionalize among persons who feel the stifling effects of an early ceiling field and seek to raise the ceiling through greater professionalization of their own roles.

If unity has not been a benefit of professionalization to the social worker, then job satisfaction might be expected to have occurred. Yet Meinert's study[7] indicated that those areas where social workers achieve the greatest satisfaction relate to the nature of the work, a potential source of satisfaction not reserved for those who are professionalized.

I must be honest; the movement toward professionalization has resulted in some gain to social workers. It is probably valid to conclude that at least some of the progress toward a living wage and status recognition which has occurred in recent years can be attributed to attempts

to professionalize. Social workers have been at least par-
tially successful in convincing administrators that a psy-
chiatrist is not worth four social workers and that, even
if the same dollar amount will now support only two or three
social work salaries, social workers also contribute unique
and valuable perceptions and skills. These are no small
achievements which, in themselves, may suggest that the
whole effort was worthwhile. Yet, just when progress has
begun to justify the professional movement, the age of
accountability has dawned and brought with it a high price
for our claims of professionalism.

Professionalization and Accountability

How has accountability provided a final, devastating
evidence that professionalization is social work's enemy?
Into what trap have social workers allowed themselves to
be led?

In allowing social work grudging, partial recognition
of professional status, government agencies and other
sources of funding with a predominantly business orientation
have expected that professional standards of accountability
will be applied. Until recently, it has sufficed for social
workers to say that they believe this existence to be
justified and that they maintain their own standards of
effectiveness and quality control. But recent accounta-
bility demands will not allow professions to merely describe
what they do[9] and reassure funding agencies that they are
doing it well. They must demonstrate in empirical terms
that they are effective in goal achievement and that they
accomplish this in an efficient (economical) fashion. What's
more, they are held accountable for errors, waste, and mal-
practice of the professional skills which they claim to
have. (Physicians are, of course, keenly aware of this

jeopardy; realists among them have sought less grandiose
alternatives to the medical model).

A simple, two-by-two model for evaluating goal
achievement drawn from organizational theory highlights
the accountability dilemma of social work practice:

SITUATIONS AND TYPES OF ASSESSMENT[8]

Beliefs About Cause/Effect Knowledge

		Complete	Incomplete
Standards of Desirability (Preferences)	Clear	efficiency tests	instrumental tests
	Unclear	social tests	social tests

The Thompson assessment model suggests the appro-
priate evaluative measure based on where an organization
stands in relation to each of two factors, how clearly
defined are its standards of what is desirable, i.e., its
goals, and what are its beliefs (claims) about the amount
of cause/effect knowledge that it possesses. The model
thus sees efficiency tests as both valid and legitimate
for organizations and groups which believe that they
possess cause/effect knowledge and clear standards of
desirability (goal preferences), i.e., professionals.
If social work claims to be a profession, it should be
able to stand up to tests of efficiency. But, as Newman
and Turem observe, "Characteristically, the social work
profession does not define goals in terms of output, but
rather input (for example, casework hours, number of
persons served.")[10] On measures of output, social work

cannot receive high grades. In a clinical setting, there is
nothing efficient on a unit cost or cost-benefit basis about
seeing a client for forty treatment hours to affect a non-
quantifiable improvement in his sexual functioning or self-
concept. Community social work practice can be similarly
unrewarding or unproductive (on a cost-benefit level)
because of environmental factors or limitations in knowledge
within our field, factors that cannot be controlled. Either
area of social work practice is simply not an efficient
undertaking, probably because of a lack of sufficient em-
pirical knowledge, a factor which critics of social work's
claims to professionalism have long pointed out. This is
largely a function of the nature of social work practice.
Unfortunately, just as social workers begin to acquire
knowledge of a problem or situation, they must move on to
undertake new problems and situations created by the needs
of a changing environment.

In order for efficiency tests to be valid (i.e., how
"cheaply" have objectives been accomplished relative to
alternative strategies?) one must be operating in an arena
where computational strategies are possible, tasks can be
delegated to technical levels because of certainty within
the environment, and perfection can be identified. Success
can be evaluated by how close one comes to perfection. This
is of course, not realistic for social work practice, (after
all, what is perfection or ideal efficiency in social work
practice?) but claims of professionalism have put social
workers into a position where high performance on efficiency
tests of accountability appear to be a reasonable expectation.

Even if social workers claim only incomplete beliefs
about cause/effect knowledge but clear agreement on goals,
the appropriate evaluation of goal achievement is only
slightly less rigorous. Under instrumental measurements
they must be prepared to demonstrate the degree to which
they have been instrumental in whatever progress has been

made. The question of accountability must be, "Has the
job been done, and what percent of credit can we take?"
But how can clinical social workers realistically demon-
strate just how instrumental they have been in, e.g.,
the fact that a client now holds a regular job? How
can a community social worker document how much his
efforts have contributed to the fact that a personnel
practice has been modified to eliminate elements of
institutional racism? In the former example, was the
hour a week spent with the client ten or twenty percent
of the impetus for his improved work record? Was it
any factor at all, or did a supportive wife, increasing
yard work responsibilities or boredom provide the driving
force? In the case of the community social worker, were
constituent groups, an enlightened legislator or his-
torical forces responsible for the change in the per-
sonnel practice? Did community social workers, perhaps,
obstruct more than help in the change process?

Clearly, there is difficulty in identifying even
the achievement of a goal; isolating the extent of a
contribution to its achievement is often impossible.
Yet, in both clinical and community social work practice,
claims of professionalism have placed social workers in
a position where, if they are allowed to get "off the
hook" of efficiency tests, they can reasonably be held
accountable using instrumental tests.

Social work has made progress in status acquisi-
tion and remuneration but now must pay the accountability
price of professionalism. Individual practitioners and
agencies are threatened by accountability demands which
really are unreasonable in light of the nature of their
work but perfectly reasonable in light of claims to
professionalism. Ironically, the upgrading of jobs is
little consolation if the jobs are abolished because an
administrator cannot justify continued funding to support
existence using efficiency and instrumental tests. A

professionalized agency cannot help clients, social
workers or the public-at-large if it is dissolved be-
cause it cannot adequately document that it is
accountable.

Had social workers not sought the "goodies" of
professionalization, had they not claimed professional
attributes of clear goal preferences and, in some
instances, cause/effect knowledge, they would be in a
far more reasonable position today in relation to
accountability demands. They might find themselves in
either of the lower two quadrants of the assessment
model where they would be expected to justify their
existence using social tests, i.e., how good a job are
they doing compared to others? These tests require
the use of a reference group with which to compare an
agency (or person) in regard to goal achievement. It
asks how well one is doing relative to others performing
the same or similar function. (While the business
criterion, "share of market" may have limited applica-
bility in social work practice where demand often
exceeds service, it, nevertheless, affords interesting
speculation.)

I suspect that social work could identify appro-
priate reference groups, e.g., psychology, guidance
counseling, religious counseling, or psychiatry in
direct practice areas. I also suspect that much of
social work practice in these areas would emerge with
high grades if social tests were employed, e.g., child
welfare workers are better at adoption services than
are family physicians or gray market attorneys. Social
workers could also be expected to compare well with other
related helping professions in the counseling and
"therapy" areas.

In community social work practice, reference groups
might be less clearly identifiable but would include
constituent groups, sociologists, clergy, attorneys and
legislators. Community social workers have demonstrated

as good or better performance than these fields in
affecting social change.

It is reasonable to assume that, in most areas
of practice, social workers could justify their
existence by social tests. If they could not,
accountability would provide an unpleasant, but
needed coup de grace for an indefensible position.

Those who fear accountability and react indig-
nantly to its application of hard effectiveness and
efficiency measurements like PPBS, PERT or MBO must
remember that social workers have, through efforts
to gain recognition as professionals, brought an
untenable position upon themselves. In accepting a
partial upgrading in status and salary they have
made themselves vulnerable to the point that others
assume that social tests are not the most appropriate
measurements in assessing goal achievement. So long
as insistence on recognition as professionals occurs,
we can expect that rigorous tests of efficiency and
effectiveness will be applied.

What can be done? Hindsight is of limited value.
Obviously, social workers cannot suddenly undo the
effects of efforts at professionalization nor should
they disavow themselves of claims to professionalism
in all situations. This approach would not work; it
would lead only to further confusion over roles both
for social workers and for professionals working in
related fields.

Pincus and Minahan[11] describe seven functions
performed by social workers. While the diversity of
these activities argues against the relatively narrow
role definition characteristic of professionals, it
nevertheless suggests a certain unity to social work

-1022-

functioning. It becomes apparent that social workers
do have a legitimized domain, there is a common denomi-
nator in all the functions described. While social
work practice generally defies definition, social
workers serve those people needing help who slip
through the cracks left by medicine, law and other
professions. They do what no one else wants to do
with people that few choose to work with - they
offer a needed service. Specifically what they do
(and how well they do it) is ever changing as new
service gaps are uncovered within our changing
environment. They may do this better than anyone else
and certainly with a high level of dedication.

It is time that social workers stop trying to sell
themselves as professionals to a public who either
doesn't care, doesn't buy it, or employs it to threaten
their existence. There has been little progress in
professionalization in over fifty years; the achieve-
ments that have been made now appear to have been
costly. There is no need to disavow professionalism,
only to stop selling it and allow the idea to assume
low priority and, perhaps, be forgotten. It was a
noble experiment which has yielded little, and created
considerable trouble for all concerned; it is an
experiment that has lasted far too long. Application
of more appropriate, reasonable measures of accountability
will not occur overnight. Slowly, social workers should
begin to gain credence for their protests over the
inapplicability of efficiency and instrumental tests and
to gain sanction for the use of social measures of
accountability. It is about time that social workers do
for themselves what they do so well for clients, i.e.,
to emphasize and build upon their strengths and to stop
wasting precious energies regretting what they are not.

FOOTNOTES

[1]Scott Briar, "The Age of Accountability," Editorial Page, Social Work, 18 (January, 1973), pp. 2 and 14.

[2]Abraham Flexner, "Is Social Work a Profession?" in Proceedings of the National Conference of Charities and Correction (Chicago, The Hildman Printing Co., 1915), pp. 576-590.

[3]Ernest Greenwood, "Attributes of a Profession," Social Work, 2 (July, 1957), p. 55.

[4]Alan Gartner, "Four Professions: How Different, How Alike," Social Work, 20 (September, 1975), p. 353.

[5]See, for example, Joseph P. Garbin, "Professional Values vs. Personal Beliefs in Drug Abuse," Social Work, 19 (May, 1974), pp. 333-337.

[6]Roland G. Meinert, "Professional Satisfaction of Social Workers," Social Work, 20 (January, 1975), pp. 64-65.

[7]Ibid., p. 64.

[8]James D. Thompson, Organizations in Action, (New York: McGraw-Hill Book Company, 1967), pp. 85-87.

[9]Frank B. Raymond, "Contemporary Issues in Social Work Policy in the U.S.: The Age of Accountability," Medical Bulletin of the U.S. Army, Europe, 32 (October, 1975), pp. 283-289.

[10]Edward Newman and Jerry Turem, "The Crisis of Accountability," Social Work, 19 (January, 1974), p. 13.

[11]Allen Pincus and Anne Minahan, Social Work Practice: Model and Method, (Itasca, Illinois: F.E. Peacock Publishers, 1973), p. 15.