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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 vulnerable 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 effectiveness, 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 Flexner² 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 study⁶ 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 professional 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 encountered 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. Economists 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, paradoxically, 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 study⁷ 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 partially successful in convincing administrators that a psychiatrist 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 accountability demands will not allow professions to merely describe what they do⁹ 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 malpractice 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 ASSESSMENT⁸

Beliefs About Cause/Effect Knowledge

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

The Thompson assessment model suggests the appropriate 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 empirical 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 demonstrate 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 historical forces responsible for the change in the personnel 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 acquisition 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 because 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 applicability in social work practice where demand often exceeds service, it, nevertheless, affords interesting speculation.)

I suspect that social work could identify appropriate 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 indignantly 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 Minahan¹¹ 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

functioning. It becomes apparent that social workers do have a legitimized domain, there is a common denominator 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 achievements 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

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

²Abraham 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.

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

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

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

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

⁷Ibid., p. 64.

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

⁹Frank 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.

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

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