Neglect of normative principles by social work practitioners: Recommendations for social work education

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Abstract: Two hundred and four German social work practitioners were surveyed as to what extent they neglected ethical and normative principles in their daily professional social work practice. The principles have been derived from the International Federation of Social Workers (IFSW), the International Association of Schools of Social Work (IASSW), and the Deutscher Berufsverband für Soziale Arbeit (German Professional Association for Social Work – DBSH). Factor analysis led to a classification of these neglects into three areas. The neglect of goals of the profession (e.g., improving social work's public image), of guidelines for dealing with clients (e.g., not favoring one client over another), and regarding general regulations of careful work (e.g., documenting one's daily actions). Descriptive statistics for these three domains are presented. In addition, correlational analyses with eight validity variables document convergent, discriminant and criterion validity of the elaborated domains. Finally, the consequences of the results for teaching ethical principles in social work are discussed.

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Introduction

In contemporary social work education, ethical and normative aspects of social work practice play a major role. Worldwide, schools and universities with social work programs provide courses and/or modules related to ethics, morality and normative behavior. The term *ethics* designates the science which deals in a reflective, analyzing and explanatory manner with morals (Knoepffler, 2010), and *morality* represents a complex system of rules, norms and standards, that is the subject of ethics (Birnbacher, 2003). While ethics are mostly directed to highly abstract goals and values of humanity and societies (e.g., the principles of solidarity and subsidiarity), norms and rules are more closely related to concrete behaviors of social workers (e.g., respectfulness and transparency in client interactions).

The present paper addresses the question to what extent practitioners of social work are ready to violate ethical and normative guidelines in their work. For this purpose, we first provide a short review of the ethical principles of social work as stated by its professional organizations. Subsequently, parts of these principles will be assigned, whenever possible, to two broad general areas. Firstly, whether they relate primarily to social work as a profession or secondly whether they are predominantly related to the concrete daily actions of social workers. Next, we present an empirical study with German social workers in which we develop measurement scales to cover possible neglects in these two areas. Finally, for a deeper understanding of their meaning and to derive recommendations for social work education, we study the validity of the developed dimensions.

A short overview of the *Statements of Ethical Principles in Social Work*

In 2004, the International Federation of Social Workers (IFSW) – together with the International Association of Schools of Social Work (IASSW) – approved a paper called 'Ethics in Social Work, Statement of Principles'. The IFSW is the worldwide body for professional social work which includes 120 professional social work associations (53 of them in Europe) representing over 3 million social workers. This statement, following a definition of social work and links to international conventions, under section '4. Principles' first refers to four aspects of human rights and human dignity (respecting the right to self-determination, respecting the right to participation, treating each person as a whole, identifying and developing strengths) and then to five aspects of social justice (challenging negative discrimination, recognizing diversity, distributing resources equitably, challenging unjust policies and practices, working in solidarity). Following this, section '5. Professional conduct' explicates 12 further normative aspects of social work practice, e.g. (point 5) social workers should not subordinate the interests of their clients to their own interests, (point 6) social workers should ensure that they are able to provide appropriate

services, or (point 8) social workers are accountable for their actions to the users of their services.

In 2014, based on the duty to transform these IFSW/IASSW statements into national regulations, the German Professional Association for Social Work (Deutscher Berufsverband für Soziale Arbeit, DBSH) published a paper concerning 'Professional Ethics of the DBSH – Ethics and Values'. The DBSH, which is member of the IFSW, is the institution for practitioners with an academic education mainly in social work and thus the umbrella organization for the profession of social work in Germany. Today, the DBSH comprises several thousand social workers, which have to agree to its code of ethics.

The DBSH guidelines imply the mentioned IFSW/IASSW principles, but they are extended by specific ethical principles; for example: under section '1. General principles of professional action' members of the profession are invited to initiate and accompany political processes and to participate actively in public processes (point 1.12); in section '2. Acting in one's own professional field of work', the members of the profession are required to act responsibly with their power (point 2.1); section '3. Acting against people' demands that members of the profession document their activity according to recognized standards (point 3.5); and in section '7. Acting in public' it is demanded that professional members promote the reputation of their profession (point 7.1) and actively participate in social discourse (point 7.3).

Introducing two general categories of ethical principles

In order to create only a few general categories to which at least part of the mentioned ethical principles of IFSW/IASSW and DBSH can be assigned to, we introduce the distinction between the following two wide areas (the idea goes back to Reisberger, 2016). First, a category for principles which suggest social work practitioners act in favor of the goals of their profession (and organization), and second, a category that summarizes statements which are related to practitioners' daily actions at their workplace (e.g., with respect to contacts with clients or routine administrative tasks).

Goals directed to the profession of social work

Such principles include public activities such as promoting the reputation of the profession, participating actively in social discourse or challenging unjust policies and practices, as well as activities directed to one's own organization, e.g., to ensure the ability to provide appropriate services. To assess neglect of this category, we formulated 14 statements, some phrased positively (i.e., admitting neglect) and some negatively (denying neglect). Examples are: 'I represent and defend my profession by engaging in public discourse and outside the immediate professional function.' (neg.),

'I do not do much active networking and structural work.' (pos.), and 'It is important to me to actively participate in general social discussions.' (neg.). In the following, such neglect of goals of the profession will be abbreviated with *Neglect-Profession*.

Goals related to daily actions of social workers

The category related to ethical principles concerning social work practitioners' daily actions contains guidelines with respect to direct client contact, such as not subordinating the interests of the clients to one's own interests or to act responsibly with the power between both parties, as well as with regard to everyday administrative tasks, like documenting activities according to recognized standards. In total, we formulated 18 statements to capture this category; examples are: 'Sometimes my own interests are a little more important to me than the interests of the clients.' (pos.), 'In my daily work, I always take responsibility for all clients to the same extent.' (neg.), or 'When the opportunity presents itself, I gain small personal benefits, making work a little easier.' (pos.). Neglect of goals in daily actions will be designated in the following as *Neglect-Actions*

Considerations about the validity of the two ethical categories

For a deeper interpretation of the two categories, we further explore their relations to a set of validity variables. Social workers neglecting the profession's goals are expected to show a lowered affiliation with their professional group and the norms of this in-group (Mummendey, Klink & Brown, 2001). Thus, we expect Neglect-Profession to be negatively associated with social workers' identification with their professional in-group, with their orientation to principles, values and norms of their profession, and (as a behavioral measure) with the frequency of their participation in conferences of their professional organizations. Social workers with a neglect of ethical goals in daily actions, on the other hand, are expected to show a lowered orientation to the needs and interests of their clients. Therefore, Neglect-Actions should be negatively related to empathy (with the meaning of being sensitive to the inner states of clients; Davis, 1983), and positively to depersonalization (treating clients in an impersonal and uncaring way; Maslach & Jackson, 1986) as well as to clients' dissatisfaction (i.e., the frequency of overt complaints of clients about the social worker). Since both ethical neglects are not considered as being expressions of clinical syndromes with pathological significance, but rather as 'normal' variations in social workers' normative behavior, both kinds of neglect are not expected to correlate substantially with the experience of physical stress symptoms (as in the case of burn-out) or with depression (Beck & Steer, 1987).

Aims and hypotheses of the present study

To work out the dimensions of normative behavior of social workers, practitioners from social work in Germany were asked to rate 32 items either related to their orientation to the concerns of their profession (e.g., their engagement in the interests and the reputation of the profession) or directed to their daily actions at their workplaces (e.g., their interactions with clients). It was expected that based on these ratings it would be possible to extract a minimum of two subscales for normative behavior, which are quite independent from each other (*dimensionality hypothesis*).

A second aim was directed to validity aspects of the two scales. For this purpose, we study correlations of the two normative dimensions with eight validity variables. With respect to convergent validity, we predicted that Neglect-Profession correlates negatively with ingroup-identification and orientation to professional ethics, while this was not expected for Neglect-Actions (*convergent validity hypothesis 1*). Instead, we expect Neglect-Actions to correlate positively with depersonalization and negatively with empathy, which should not be true for Neglect-Profession (*convergent validity hypothesis 2*). With regard to discriminant validity, we predicted that both normative dimensions would not correlate substantially with experience of stress and depression (*discriminant validity hypothesis*). Finally, with respect to criterion validity, we expect Neglect-Profession to be negatively related to practitioners' actual participation in social work conferences and Neglect-Actions positively to clients' expressions of dissatisfaction (*criterion validity hypothesis*).

Method

Measurement of variables

In order to assess *Neglect-Profession*, we used 14 items of which eight were positively formulated (i.e, admitting neglect; e.g., 'I do not do much active networking and structural work.'), and six negatively (i.e., denying neglect; e.g., 'I often deal intensively with the identity of social work and its self-image as discipline and profession.'). To measure *Neglect-Actions*, 18 items were specified, nine of them in positive terms (e.g., 'Sometimes my own interests are a little more important to me than the interests of the clients.'), and nine in a negative manner (e.g., 'It has never happened that I have neglected some clients in my daily work'.). While seven of these 18 items are concerned with direct contact to clients (see examples above), the remaining items are directed to social workers' daily work (e.g., 'When no one noticed, I've already tried to make my job a little easier.'). All 32 items were rated on response scales ranging from 1 = strongly disagree to 5 = totally agree. Negatively phrased items were reversed before data analysis.

Furthermore, we assessed a set of validity variables of which some items were positively phrased and some negatively. These variables include:

1. *Identification* with the social work in-group (6 items, 2 items each related to its cognitive, affective, and behavioral component; e.g., 'The fact that I am a social worker greatly affects my self-image.' – see Henry, Arrow & Carini, 1999);
2. *Adherence to professional ethics* (2 items, e.g., 'I know the professional ethical principles, values and norms of my profession and always direct my actions towards them.');
3. *Participation in conferences* (3 items; e.g., 'If possible, I try to attend conferences, meetings or other social work events.');
4. *Empathy* (5 items; e.g., 'I can easily empathize with the feelings of others.' – see Maes, Schmitt & Schmal, 1995; Schmitt & Altstötter-Gleich, 2010);
5. *Depersonalization* (5 items; e.g., 'It has happened that I have treated clients very impersonally.' – see Maslach & Jackson, 1986; Boles, Dean, Ricks, Short & Wang, 2000);
6. *Client dissatisfaction* (3 items, e.g., 'It has already happened that clients were not satisfied with my work and gave me negative feedback.');
7. *Experienced stress* (6 items, related either to physical complaints, e.g., 'In connection with my work, I often have health problems such as insomnia or headache, backache or stomach ache.', or to stress in social relationships, like 'It has already happened that stress in the workplace has had an impact on my intimate partnership.');
8. *Depression* (5 items, e.g., 'I often feel sad.' – see Beck & Steer, 1987; Schmitt, Altstötter-Gleich, Hinz, Maes & Brähler, 2006).

All 35 validity items were rated on response scales ranging from 1 = strongly disagree to 5 = totally agree and negatively phrased items were reversed before data analysis.

Finally, participants indicated their gender, age (in years), academic degree (Diploma, Bachelors or Masters degrees in social work), their number of years of work experience, how many clients on average they personally deal with per week, their field of occupation (open question), and their postal code.

Data collection and sample description

The study was conducted online. Links to the questionnaire were posted on German websites related to social work (e.g., on Facebook groups referring to 'Social Work' and 'Network Social Work'). The items were presented in a fixed, but random order. Participation was voluntary, without payment, and anonymous. On average, participants needed about 20 minutes to complete the questionnaire. The

survey adhered to the regulations of the German Data Protection Act (Deutsches Datenschutzgesetz), i.e. no personal data were collected. None of the parties involved in the study had a conflict of interest.

The questionnaire was completed by 204 participants, all with a degree in social work (59% Bachelors, 27% Diploma, 14% Masters). 80% were female (163 persons) and 20% male (39 persons; two provided no gender). Their ages ranged from 21 to 62 years (with a median of 31 years). The mean of their work experience was about 7 years (from 1 to 35 years) and on average they dealt with about 19 clients per week (the most frequent categories were 10, 15 and 20 clients per week). Their fields of occupation were: social work with children, adolescents and families (41%), social work with the mentally ill, addicted or disabled persons (17%), social services for predelinquents and social re-integration (11%), social work in an immigrant society (9%), school-related social work (7%), and miscellaneous (15%). As indicated by their postal code, the participants came from across Germany.

Results

Creating scales for normative behavior

With the 32 Neglect-Profession and Neglect-Actions items measuring normative behavior of social work practitioners, we performed an exploratory factor analysis where the variance explained by a factor (eigenvalue) should be larger than the variance of a single item (Kaiser-Guttman criterion; Kaiser & Dickman, 1959; Guttman, 1954). Furthermore, the factors should remain orthogonal (independent) to each other (Principal Component Analysis, PCA, as the extraction method). The explained variance of a factor solution was maximized by following Varimax procedure (as rotation method). This analysis revealed a Kaiser-Meyer-Olkin (KMO) value of .69 and a highly significant Bartlett test (p < .001), indicating that there are strong relations between the 32 items which makes them suitable for factor analysis. In addition, the analysis yielded 11 factors. Due to a scree test (the gap between eigenvalues – Cattell, 1966) and a parallel analysis (where empirical eigenvalues are compared to eigenvalues expected by chance; see Horn, 1965; Çokluk & Koçak, 2016), a three-factorial solution was accepted which will be described in more detail.

With respect to items with loadings >.40 (see, for this procedure, Fabrigar, MacCallum, Wegener & Strahan, 1999), factor 1 (eigenvalue 3.14) is built by five Neglect-Profession items, while factor 2 (2.51) consists of six Neglect-Actions items. A closer look at the wordings of the Neglect-Actions items of factor 2 indicates that all six items are closely related to direct contact with clients, i.e., these items include the word 'client' in their formulations. Based on this result, we decided to call factor 2 more specifically as neglect of goals in client contact (abbreviated in

the following as *Neglect-Clients*). Finally, the third factor (2.32) also comprises four original Neglect-Actions items, but this time the items are not directed to work with clients but more to work in general (e.g., 'Before I get sanctions, I prefer to obfuscate minor errors or omissions.'). So, we named factor 3 as neglect of goals of carefulness at work (*Neglect-Work*). This way, while the Neglect-Profession dimension has been verified in the factor analysis as factor 1, the original Neglect-Actions dimension was split into the two sub-areas Neglect-Clients (factor 2) and Neglect-Work (factor 3).

In addition, a confirmatory factor analysis with the selected 15 items which were assigned to the three mentioned factors revealed an adequate to good model fit for both the Root Mean Square Error Of Approximation (RMSEA) of .05 and the Standardized Root Mean Square Residual (SRMR) of .06 (Hu & Bentler, 1999).

Based on these results, we created scales for the three dimensions by calculating the arithmetic means of the respective items for each participant (after reversing negatively phrased items). For the *Neglect-Profession* scale, a reliability analysis based on Cronbach's Alpha revealed a measure of α = .77, for the *Neglect-Clients* scale a value of = .70, and for the *Neglect-Work* scale a score of α = .69. These values indicate largely acceptable internal consistencies of the scales (Cronbach, 1951).

Exploring the scales for normative dimensions

Table 1 shows the wordings of the selected items of the three dimensions and their descriptive statistics. The means of the three scales show a median level of 2.99 (SD = .69) for Neglect-Clients (the response scale ranged from 1 to 5 with a scale-midpoint of 3), while for Neglect-Profession (2.54; SD = .83) and Neglect-Work (2.41; SD = .78) means are slightly lower. Nevertheless, a considerable number of participants show scale values of 3 and higher (Neglect-Clients: 43%, Neglect-Profession: 24%, Neglect-Work: 20%) or values above 3 (Neglect-Clients: 36%, Neglect-Profession: 16%, Neglect-Work: 11%). The values of all three scales were normally distributed (i.e., their scores for skewness and kurtosis did not exceed the double of the standard errors; see Miles & Shevlin, 2001, for this procedure).

Table 1

Descriptive statistics of the three scales of normative behavior

Scales / Items	Mean	SD
Neglect of Goals of the Profession (Neglect-Profession)	2.54	0.83
I represent and defend my profession by engaging in public discourses and outside the immediate professional function. (neg.)	2.31	1.16
I often deal intensively with the identity of social work and its self-image as a discipline and profession. (neg.)	2.99	1.25
It is important to me to actively participate in general social discussions. (neg.)	2.36	1.09
I am strongly engaged in my daily work that our facility is always geared to the latest developments in the profession. (neg.)	2.64	1.00
I do not do much active networking and structural work.	2.40	1.21
Neglect of Goals in Client Contacts (Neglect-Clients)	2.99	0.69
Sometimes it happens to me that I treat individual clients at a disadvantage.	2.70	1.04
I have individual clients that I prefer something.	2.90	1.15
It has never happened that I have neglected some clients in my daily work. (neg.)	3.48	1.06
It is hardly possible to take the same care with each single client.	3.25	1.13
In my daily work, I always take responsibility for all clients to the same extent. (neg.)	2.84	1.12
Sometimes my own interests are a little more important to me than the interests of the clients.	2.79	1.09
Neglect of Goals of Carefulness at Work (Neglect-Work)	2.41	0.78
When no one noticed, I've already tried to make my job a little easier.	2.75	1.21
Before I get sanctions, I prefer to obfuscate minor errors or omissions.	2.04	1.05
When the opportunity presents itself, I gain small personal benefits, making work a little easier.	2.51	1.14
I admit minor negligences at the workplace always immediately. (neg.)	2.34	0.88

Note. n = 204 social work practitioners. Response scale ranged from 1 = strongly disagree to 5 = totally agree. Negatively formulated items (neg.) were recoded before data analysis. SD = standard deviation.

While Neglect-Clients and Neglect-Work show an expected overlap (the correlation is r = .44, p < .01), both dimensions are less strongly related to Neglect-Profession (with Neglect-Clients: r = .19, p < .01; with Neglect-Work: r = .09, n.s.). Connections between the three normative dimensions and socio-demographic characteristics of the participants are sparse: while all three dimensions are not related to participants' age and work experience, only Neglect-Work correlated with gender (r = .20, p < .01; men show slightly higher scores than women), and only Neglect-Profession is linked to the amount of treated clients (r = -.23, p < .01; the less clients dealt with the higher is their score for Neglect-Profession).

Analyses of the validity variables

After reversing negatively formulated items, scales for the eight validity variables were created by conducting factor and reliability analyses in the same way as described above for the normative dimensions. For each of the validity variables, factor analyses revealed a one-factorial solution with explanations of variance between 44% and 71%. During the subsequent reliability analyses, a few single items were excluded from scales in order to enhance internal consistency. Following this, we defined scales as the arithmetic means of the remaining items. These analyses revealed acceptable internal consistencies between .70 and .90, with the exception of .60 for participation in conferences.

To test the validity hypotheses, correlations between the three normative dimensions and the eight validity variables were calculated; the results are displayed in Table 2. As can be seen there, with respect to convergent validity, Neglect-Profession correlates stronger inversely with ingroup-identification (-.23) than Neglect-Clients does (-.12), which is also true with respect to the orientation to professional ethics (Neglect-Profession: -.38, Neglect-Clients: -.18). In addition, Neglect-Clients relates to depersonalization with .48 and to empathy with -.18, while the corresponding coefficients for Neglect-Profession are quite lower (.07 with depersonalization and -.06 with empathy). With respect to Neglect-Work, its correlations are similar to those of Neglect-Clients, i.e., there is a positive relation to depersonalization (.40) and a negative one to empathy (-.15), while the coefficients with ingroup-identification and orientation to professional ethics are nonsignificant.

Furthermore, with regard to discriminant validity, Neglect-Profession and Neglect-Clients show no significant connections to stress and depression. However, there are significant positive coefficients for Neglect-Work with both validity variables, stress (.20) and depression (.17). At this point, Neglect-Work behaves differently than Neglect-Clients, since it relates to classic 'clinical' symptoms like physical complaints (insomnia, headache or stomach ache), stress in close relationships, and sadness.

Finally, with respect to criterion validity, Table 2 shows a negative relationship between Neglect-Profession and participation in conferences (-.55) and a positive one

between Neglect-Clients and client dissatisfaction (.30). Interestingly, Neglect-Work does not show significant connections to these two validity variables.

Table 2

Correlations between normative dimensions and validity variables

	Neglect of goals of the profession	Neglect of goals in client contacts	Neglect of goals of carefulness at work
Identification	-.23 ***	-.12	-.11
Professional ethics	-.38 ***	-.18 **	-.10
Conferences	-.55 ***	-.10	-.13
Empathy	-.06	-.18 *	-.15 *
Depersonalization	.07	.48 ***	.40 ***
Client dissatisfaction	.15 *	.30 ***	.05
Stress	-.04	.12	.20 **
Depression	.11	.11	.17 *

Note. n = 204 social work practitioners. * p < .05, ** p < .01, *** p < .001.

Discussion

The fact that workers occasionally do not carry out their professional tasks to the highest level is already known from other areas of employment. For jobs in management, technology and other diverse occupations, Gruys & Sackett (2003) analysed forms of so-called 'counterproductive behavior'. This behavior includes alcohol or drug use, inappropriate verbal or physical actions, the misuse of time, resources and information, as well unsafe behavior, poor attendance and low quality of work (see also Sackett, 2002). In addition, with a focus on the occurrence of mistakes, lies and theft at the workplace, Belota & Schröder (2013) investigated the effects of different pay schemes (competitive, fixed pay and piece rate) on 'sloppy work'. With respect to social work, wrongdoings of employees have been repeatedly discussed in journals on values and ethics, examples like workplace bullying (Horton, 2016), the relationship between ethics, stress and burnout (Imboden, 2020), and sexual exploitation (Hardy, Locklear & Crable, 2020) in the workplace, as well as 'evil-doings' at the administrative level (Preston-Shoot, 2011). Recently, Tiitinen (2020), discussed forms of silencing as an obstacle to whistleblowing in the field of social work. Silencing is described as a mechanism which seeks to prevent reporting or discussion of wrongdoing at work, including illegal and unethical practices of social workers, so they were neither acknowledged nor reported. This is the way that wrongdoing is normalised and responsibility to take action will be avoided.

Therefore, the present investigation studied social workers' readiness to admit

neglect in different areas of normative expectations within their profession. The starting point was an inspection of ethical principles as stated by international and national social work organisations, from which we conceptually derived two broad general categories of normative expectations: those which primarily address goals and values of the profession of social work and those that are more directed to social workers' daily actions. We completed a questionnaire to capture possible neglects in these areas – together with several items to assess the validity of the two categories – and subsequently administered it to a sample of social work practitioners in Germany.

The multidimensionality of normative behavior of social workers

In the three-factorial solution, factor 1 covered the Neglect-Profession items, while the dimension Neglect-Actions was split into two sub-categories, the neglect of goals in client contacts (Neglect-Clients) as factor 2 and the neglect of goals of carefulness at work (Neglect-Work) as the third factor. Thus, these results support the dimensionality hypothesis by adding a third factor to the expected two-factor solution and underline the fact that normative behavior of social workers should be considered *multidimensional*, i.e. it can be assigned to different content categories which are largely independent of each other. As also shown by the results, Neglect-Profession was related to Neglect-Clients only to 4% and to Neglect-Work to 1%, while the overlap between the two latter components was 19%. This means that it is hardly possible to infer from one neglect to others.

The multidimensionality of social work's ethical principles may not be really surprising, if one considers that ethical principles and norms are very different from each other. Some of them concern general goals for all of humanity (e.g., to recognize diversity), others are more directed to concrete treatment of individuals or small groups (e.g., to identify and develop strengths). In addition, some principles are phrased positively (to *promote* social justice), others are phrased in a negative manner (to *eliminate* discrimination). Furthermore, normative expectations differ in terms of their abstractness: the expectation 'respecting the right to participate' (IFSW) is obviously less concrete than the requirement 'that members of the profession document their work according to recognized standards' (DBSH). Thus, future research may result in more than three dimensions if more items are used in the factor analysis (e.g., concerning the distinction between goals of the profession and goals of the organization).

The meaning of the three elaborated dimensions

As shown by the results of the validity analyses, there is support for the elaborated three dimensions in the sense of convergent, discriminant and criterion validity,

which allows the three scales to be reasonably interpreted. A neglect of goals of the profession (Neglect-Profession) is related to a lowered identification of social workers with their professional ingroup, a lesser orientation towards professional ethics, and rare attendance at conferences of the profession, while these relations are much weaker for the two other dimensions. A neglect of goals in client contacts (Neglect-Clients) on the other hand, is linked to a tendency towards depersonalization, a lowered level of empathy and frequent complaints of clients, whereas these relations are much looser for Neglect-Profession. With respect to a neglect of goals of carefulness at work (Neglect-Work), social workers also tend towards an increased depersonalization and lowered empathy, but they additionally show an increased level of stress and depression. The latter relations are less pronounced for Neglect-Profession and Neglect-Clients, however. Thus, of all three dimensions, Neglect-Work shows the closest relationship to the classic symptoms of burnout, which includes (following Maslach & Jackson, 1986) depersonalization, emotional exhaustion (stress), and a reduced personal accomplishment.

Recommendations for educating normative behavior in social work

What can social work education learn from the present piece of research? The socialization of social work students to normative behavior should cover (as a minimum) the following competencies:

1. Students should become 'good representatives' of their profession, i.e. they should be supported in developing the most positive identity possible as social workers, in understanding the sense of professional ethics, in getting involved in improving the public image of their profession, and in participating in public discourse about social and political issues as well as in scientific discussions on new developments.
2. Students should learn that a 'good attitude' towards clients is not completely covered by applying the currently most promising intervention technique, but that they should realize that they are dealing with individuals, not with 'cases', that they engage themselves with all their strength, motivation and empathy in all personal contacts, that no client should be preferred or disadvantaged over the other, and that they develop a sensitivity to the fact that their own interests should be set aside in personal encounters with clients.
3. Finally, social work students' training should also take into account that there is a potential risk of burnout in their later professional activity as practitioners (see e.g. Kagan & Itzick, 2019). To work on problems of others every day may facilitate feelings of stress and depression, also outside the working context, which can affect relationships within the family and with friends. Students should be prepared for this risk, as it can reduce the necessary diligence in their

later daily office work, also alongside client contacts and public appearances (e.g. with respect to documentation, preparation and review of daily work etc.). In addition to teaching techniques to reduce such experiences with stress and depression (e.g. relaxation, self-management), students should learn to critically review and control the quality of their work themselves and through others (e.g. intervision or supervision).

Limitations of the research and future research needs

A first limitation concerns the fact that the used items do not cover the whole diversity of ethical principles of social work. Thus, further research is needed for principles not considered in the present study, and it can be assumed that more items will likely lead to more dimensions. Future studies can help to identify and explore such normative categories. A second point is that some of the items used were not optimally formulated. In particular, some items contained too many words and should be shortened in future applications of the questionnaire. A last point refers to the need for replication studies in order to consolidate the reported results. In particular, using different samples of social work practitioners in future research with different trainings, different clients, different methods, in different countries and cultural backgrounds. This could lead to better awareness and understanding of this important area of practice.

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