

# **SECTION A**

## **OVERVIEW OF THE STUDY**

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**“A good half of the art of living is resilience.”**

**– Alain de Botton**

In this overview of the thesis entitled “South African social workers at risk: exploring pathways to their resilience”, the background and rationale for the study will first be deliberated, after which the purpose statement, research questions, and objectives of the study will be looked at. This will be followed by a discussion of the study methodology, ethical aspects, trustworthiness, thesis format and references.

Thereafter, Section B will follow, which consists of four manuscripts, each prepared according to specific journal guidelines as stipulated at the beginning of each manuscript. The referencing style of each manuscript may, subsequently, vary. Each manuscript is dealt with as an independent unit, focusing on specific research objectives that were achieved through different research methods. Therefore, each manuscript has its own problem statement/introduction, research methodology section, results section, and discussion section. Despite each manuscript representing a bounded unit, together they form a cohesive response to the research question and aim of the current study. This is followed by Section C, which entails the study conclusions and recommendations. Although each manuscript has its own reference list, a combined reference list for Sections A to C is found in Section C preceding the appendices.

This overview serves as a background document (research proposal) for the current study, and the manuscripts in Section B serve as the research reports that contain details of empirical

research. It is, therefore, acceptable that some duplication of content may occur between Section A, Section B and Section C.

## **1. BACKGROUND AND RATIONALE FOR THE RESEARCH**

### **1.1 Importance of social workers and designated social workers**

The importance of social work is seen in the definition provided by Jones (2001, p. 549): “The social work profession deals with intricate situations pertaining to the helpless and destitute groups of society”. Dr Zola Skweyiya (2006), former South African Minister of Social Development, describes the purpose of social workers as assisting “the most vulnerable people in society”. Since numerous parts of South Africa are characterised by vulnerable individuals, abuse, neglect, poverty, and social injustice, the need for, and importance of, social services rendered by social workers are clear. According to Khumalo (2009), social workers play a vital role in delivering services that will contribute to efforts that may alleviate poverty, enhance the development of the youth, prevent crime, and enhance social cohesion, all of which are national priorities of the South African government.

As a result of the eclectic nature of the profession, social workers execute several roles in various fields of service delivery. One of these roles, which relates specifically to the protection of children, is mandated by the Constitution of South Africa and pertains specifically to section 28(1) (d) of the South African Constitution, which insists that children have the right to be protected against maltreatment, neglect, abuse, or degradation. A right without a resource is, however, meaningless. Therefore, the South African government has further prioritised children’s rights in section 28(1) (c) of the Constitution, where it states that every child has the right to basic nutrition, shelter, health care services, and *social services*. Social workers are key instruments for providing these social services. The Children’s Act (Act 38 of 2005) clearly

differentiates among the different levels of social work service delivery to be rendered to children in need of care and protection, among others, prevention, early intervention, statutory, and aftercare services (Children's Act, Act 38 of 2005).

The different levels of social work service delivery take place within a variety of social work service fields, namely, care for the offender, drug and alcohol abuse, aged care, the disabled, and child and family care (New Dictionary of Social Work, 1995). Protection of children in need of care and protection falls primarily within the service field of child and family care. South African social workers who render social services to children and families in need of care and protection, but who are not employed to *specifically* deliver designated child protection/statutory services (Children's Act, Act 38 of 2005), are referred to as "non-designated" social workers in the current study. These social workers are not authorised to perform any statutory duties *specifically related to* designated child protection services and are, among others, primarily tasked with prevention, early intervention (section 143 of the Children's Act, Act 38 of 2005), and aftercare services (section 187 of the Children's Act, Act 38 of 2005).

For the first time in South Africa, the term "designated" was coined in legislation, which describes persons and organisations that are responsible for rendering "designated child protection services" (section 105 of the Children's Act, Act 38 of 2005), which entail not only early intervention, prevention, and aftercare services, but also statutory services to children in need of care and protection. In South Africa, welfare organisations that are registered as child protection organisations, the Department of Social Development, and/or municipalities are mandated by the Children's Act (Act 38 of 2005) to employ social workers, whose primary duties are to perform "designated child protection services". These social workers are formally referred to as designated social workers (DSWs). The statutory duties they are mandated to

execute pertain to the direct protection of vulnerable children (such as the issuing of a Form 36 to remove an abused or neglected child from primary caregivers and initiate subsequent court proceedings – see section 152 of the Children’s Act, Act 38 of 2005). However, it is important to note that, in South Africa, “DSW” is the formal term used within legal proceedings to refer to what is informally known, in practice, as a social worker, statutory social worker, field worker, or generic social worker.

A variation in terminology regarding the naming or labelling of this group of social workers is not unique to South Africa. Globally, social workers who are tasked with the particular statutory duty to protect children in need of care and protection (thus, those children exposed/subjected to abuse or neglect) are referred to as, among others, direct-service social workers, children and family workers, case workers, statutory social workers, front-line workers, child protection workers, child welfare workers, and children’s services [workers] (Beckett, 2007; Bradbury-Jones, 2013; Conrad & Kellar-Guenther, 2006; Department of Labour, Te Tari Mahi, 2005; Douglas, 2013; Green, Gregory, & Mason, 2003; Jones, 2001; Kearns & McArdle, 2012; Law, 2011; Littlechild, 2003; Narain, 2011; Russ, Lonne, & Darlington, 2009). Throughout this thesis, the term “DSW”, referring to “designated social worker” or to “designated social work”, will be used. At times, however, reference may be made to either of the above-mentioned alternative labels of a DSW. The risks in all fields of social work, including DSW, will be detailed below, and these will be followed by a motivation of the researcher’s focus for the current study, namely, DSW.

## **1.2 The risk-laden nature of social work**

Despite the important role of social workers, stated earlier, there are several risk factors observed in the social work profession. A brief overview of these risk factors (namely, work overload and staff shortages, depression, secondary traumatic stress, compassion fatigue, high stress levels, burnout, poor supervision, violence, and aggression) will now follow (a detailed examination of the risk-laden nature of social work is presented in Manuscript 1).

With regard to high caseloads, the former Chief Executive of Cape Town Child Welfare, Mr Niresh Ramklass, previously stated that there were 430 South Africans for one social worker and that this was insufficient (Maposa, 2006). Similar statistics confirm that one social worker has to deal with too many service users (Smith & Drower, 2008), and when the caseload is beyond the capacity of the social worker, the social worker may experience trauma as a result (Horwitz, 1998). Such trauma includes three types of related effects, namely, numbing, flooding, and hypervigilance (Horwitz, 1998). Furthermore, work overload is described as a primary risk factor contributing to the development of depression among 60% of the social work respondents studied by Stanley, Manthorpe, and White (2007). Social workers may, therefore, be at risk of developing depression or experiencing trauma because of high caseloads.

Another risk factor, the shortage of social workers, exacerbates the situation pertaining to high caseloads in South Africa. Budlender, Proudlock, and Monson (2008) found that an estimated 66 329 social workers were needed in South Africa and that the 190 social work students who had received scholarships in 2006/2007 were hardly adequate to meet this important target. According to Maposa (2006), there were only 10 000 registered social workers in South Africa in 2006. In 2007, former Deputy Minister of Social Development, Jean Benjamin (2007), stated, “the shortage of social workers has the potential to threaten livelihoods”. A paper by Kasiram

(2009) discusses the shortage of social workers in South Africa as a result of emigration and looks to education and training to meet the need created by this shortage.

Similar shortages and high turnover of social workers have also been experienced in Australia (Gibbs, 2001). In Sweden, Tham (2006) explored factors that affected social workers' intention to leave the profession and concluded that 54% of all social workers had been at their current workplace for two years or less, while 48% of them intended to leave their job. Tham (2006) found that a lack of human resource orientation was the most important factor contributing to their intention to leave the job. The feeling (or absence thereof/of it) of being taken care of by management and the extent to which "personnel are rewarded for a job well done" are, therefore, strongly associated with intentions to leave the job (Tham, 2006, pp. 1240-1242).

Ramifications for defenceless children and families, workers and organizations are expected if the progression of high turnover of child protection social workers in Australia and other countries proceed (Gibbs, 2001). Clearly, the shortage of social workers is a risk factor experienced nationally and internationally. Not only is the striking shortage of South African social workers in itself problematic, but it also contributes to the current adverse working conditions of the employed social workers because the few social workers who are committed to the profession are forced to deal with the mass of social work cases. Correspondingly, Child Welfare South Africa (2009) responded to a media report by explaining the adverse and exhausting working conditions of social workers due to high caseloads and a significant shortage of social workers.

Heavy caseloads, a shortage of social workers in South Africa and thus overstressed social workers, could have a negative impact on decision-making (incorrect decisions and conclusions) by social workers, resulting in greater injustices in the lives of service users (Littlechild, 2003;

Siebert, 2004). Former Deputy Minister of Social Development, Jean Benjamin (2007) also confirmed that the adverse working conditions of social workers in South Africa make it even more difficult for South Africa to retain social workers.

Many studies, in different countries, have further examined risk factors that social workers face. British social workers, interviewed by Stanley et al. (2007), made it very clear that work overload played a significant role in contributing to the development of their depression, while according to the American study conducted by Siebert (2004), risk factors that might lead to depression in social workers included not taking leave, being unsupported and spending extra time on paperwork. The prevalence of secondary traumatic distress and compassion fatigue among social workers has been assessed in America (Bride, 2007; Cornille & Meyers, 1999), Australia (Steed & Bicknell, 2001), and South Africa (MacRitchie & Leibowitz, 2010). The study conducted by Steed and Bicknell (2001) in Australia found that psychologists scored considerably lower on compassion fatigue than social workers, while a study in Britain (Collings & Murray, 1996) that investigated high stress levels and burnout among social workers found that pressure related to planning and reaching work targets was the most powerful predictor of stress. Another study explored the stress and dissatisfaction among social workers (Jones, 2001), and in both the UK (Littlechild, 2003) and Australia (Gibbs, 2001; Green et al., 2003), the high levels of stress and anxiety from which social workers suffered and the violence and aggression that social workers faced were researched. Domino (2008) examined coping methods for burnout among children's social workers and found that the level of burnout among the social workers was "fairly moderate" and that caseload size was significantly related to burnout (Domino, 2008, p. 33).

### **1.3 Recognition of designated social worker (DSW) risks**

Although all social workers are placed at risk, there is worldwide recognition of the particularly taxing nature of DSW (Beckett, 2007; Bradbury-Jones, 2013; Coffey, Dugdill, & Tattersall, 2004; Collins, 2008; Gibbs, 2001; Green et al., 2003; Munro, 1996; Russ et al., 2009). Munro (1996) describes DSW as particularly stressful: “Despite the limited knowledge base [of child abuse/neglect cases], [child protection] social workers have to make decisions and act. They have to guess at the underlying picture and make judgements about the safety of the children involved. The reality of their statutory responsibilities means they are not allowed the luxury of unlimited time and resources to investigate and reflect . The need for speed is another constraint. A quick response [from a child protection social worker] is desirable, particularly in deciding whether the child may be at such grave risk that urgent action is needed to protect them” (Munro, 1996, p. 795).

Mindful of the aforementioned risks (especially in DSW), and given the important role that South African DSWs play in implementing the constitutional rights of children and mandated duties by the Children’s Act (Act 38 of 2005), the researcher wondered why and how some South African DSWs adapted positively to workplace adversities and others not so well (Bride, 2007; Coffey et al., 2004; Collins, 2008). In the presence of risk, positive adaptation comes into play (Masten, 2011). The ability to adjust and progress constructively within a threatening environment, where one’s life and functioning are challenged, is regarded as human resilience (Masten & Wright, 2010). The concept of resilience will now be discussed, followed by a revision of resilience studies and a discussion of the inadequate understanding of South African DSW resilience.

#### **1.4 Defining resilience**

Initially, resilience was ascribed to the intrinsic qualities of those at risk who avoided predicted negative outcomes (Bottrell, 2009; Cicchetti, 2010). However, scholars soon recognised the error of perceiving resilience as a mere personal strength (Cicchetti, 2010). Subsequent explanations of resilience, therefore, acknowledged a triad of protective processes that included individual, familial, and environmental systems (Masten & Wright, 2010). Nonetheless, triadic theories still did not adequately explain how people became resilient (Rutter, 2007). This was remedied when scholars adopted explanations of resilience that foregrounded mutually beneficial person-context transactions that aligned with a given socio-cultural context (Lerner, 2006; Masten & Wright, 2010). This understanding informed Ungar's (2012) social ecology of resilience theory, which underpins the current study. Accordingly, resilience is process of socio-culturally compatible, reciprocal interactions between an individual at risk and his or her social ecology at the time of risk exposure (Lerner, 2006; Ungar, 2011, 2012, 2013).

#### **1.5 Resilience research**

The phenomenon of resilience has been studied extensively. Several studies provide detailed explanations of the concept of resilience, models of resilience, the processes involved, and how these processes vary across cultures and contexts (Cicchetti, 2010; Coutu, 2002; Luthar, 2006; Masten, 2001; Masten & Wright, 2010; Richardson, Neiger, Jensen, & Kumpfer, 1990; Rutter, 1985; Schoon, 2006; Ungar, 2011, 2013). Furthermore, many studies examined resilience in vulnerable groups such as children and families (Egeland & Sroufe, 1993; Hoosain, 2007; Kana, 2010; Malindi, 2009; Rajendran & Videka, 2006), adults (Weakley, 2006), and professional people such as non-South-African DSWs (Amrani-Cohen, 1998; Byrne, 2006; Kearns & McArdle, 2012), teachers and nurses (Cameron & Brownie, 2010; Castro, Kelly, & Shih, 2010;

Gu & Day, 2007; Koen, 2010; Prilik, 2007; Sumsion, 2004). All these studies provide insight into the phenomenon of resilience.

Despite these many studies (Amrani-Cohen, 1998; Byrne, 2006; Kearns & McArdle, 2012), very little is known about DSW resilience and nothing about South African DSW resilience. Furthermore, what was examined and discovered in these studies cannot merely be applied to South Africa DSW completely, given the role of culture and context in adjusting well to adversity (Ungar, 2013).

### **1.6 An inadequate understanding of South African DSW resilience**

Since the development, adaptation, and well-being of South African DSWs are challenged by adverse working conditions, finding ways to enhance or develop their resilience is essential (Littlechild, 2003). This will hold benefit not only for the DSW and the profession, but also for service users. Kinman and Grant (2010) highlight the need to enhance resilience at an early stage of a social worker's career, given the high levels of psychological distress found in their study of social work trainees. The need to explore and comprehend DSW resilience is also supported by Collins (2008) who suggested that social work literature has neglected the study of factors that reduce stress in social workers. It may be said that such "factors" are protective processes that will heighten DSW resilience and support DSWs to adapt and move forward despite hardships experienced. Schoon (2006) confirms the impetus for research aimed at the promotion of positive outcomes since the trend is no longer to focus on adaptational failures but rather on positive endings. Several authors recognise the need for social workers to be resilient to survive the hostile nature of the profession and to deliver effective services (Collins, 2007; Green et al., 2003; Smith & Drower, 2008).

Two studies on student/trainee social worker resilience (Kinman & Grant, 2010; Smith & Drower, 2008) and three empirical studies focusing on non-South-African DSW resilience could be sourced (Amrani-Cohen, 1998; Byrne, 2006; Kearns & McArdle, 2012). Smith and Drower (2008) explored the perceptions of South African student social workers on resilience and concluded that these students believed that resilience in social workers was essential if social workers want to adequately facilitate resilience among service users.

Amrani-Cohen (1998) and Horwitz (1998) shared a similar focus to that of the current study: both studies explored resilience among social workers and DSWs (Amrani-Cohen, 1998) and social workers (Horwitz, 1998) and acknowledged that resilience in social workers is required. Factors that set resilient social workers apart from others in the profession were also explored (Amrani-Cohen, 1998; Horwitz, 1998). Information emerging from these two studies (Amrani-Cohen, 1998; Horwitz, 1998) is, however, based on aged data and on overseas contexts. Furthermore, the study by Horwitz (1998) did not employ a qualitative, mixed-methods, or quantitative methodology; rather, a psychological trauma theory to comprehend child protection when devastating events occur is discussed (Horwitz, 1998).

In a more recent study (that is, Kearns & McArdle, 2012), the resilience of three newly qualified British statutory social workers was explored through storytelling and reflexive dyadic interviews. The focus was on the story of their progression from being a student to being a qualified statutory social worker. This study was, thus, not interested in the resilience of practising DSWs.

Byrne (2006) examined how the resilience of American direct-service social workers was influenced when they used the strength-based service planning approach in child protection work. Although Byrne (2006) revealed processes of positive adjustment to hardships in child

protection work, his work was based on a study in a non-South-African context, similarly to other studies reported above. Given the role of culture, time, and context in resilience, caution should prevail against merely adopting the findings of these studies in the South African DSW context (Ungar, 2011, 2012, 2013). Even though research pertaining to the phenomenon of resilience and what contributed to resilience among young people, adults, families, and professionals (including non-South-African DSWs) who faced adverse living/working conditions had been conducted, the researcher noticed that no specific research exploring the pathways of resilience in resilient South African DSWs was available.

It is also important to note that, despite the prominence given globally to the support function in social work supervision (Botha, 2002; Kadushin & Harkness, 2002); little is known about the promotion of DSW resilience within the context of supervision. Based on the global importance of DSWs, their workplace adversities, and the paucity of literature on (a) the processes of resilience in resilient South African DSWs and (b) resilience-promoting guidelines for South African DSW supervisors toward South African DSW resilience, the need for, and importance of, the current study became clear. Furthermore, during a recent social work supervision training session (for local social work supervisors), the researcher presented her study findings and suggested the promotion of DSW resilience by means of resilience promoting guidelines for DSW supervisors (Appendix 1). Confirmation was received from these social work supervisors of the need for practical guidelines on how to promote South African DSW resilience. The researcher, thus, wondered how DSW supervisors could be involved (as representatives of the social ecology) in contributing to the pathways towards South African DSW resilience (Ungar, 2012, 2013), particularly as literature recognises a relationship between reflective supervision

and resilience (Collins, 2008; Grant & Kinman, 2012) and the positive impact of reflective practice during social work supervision (Engelbrecht, 2013; Gibbs, 2001).

Thus, given the above, two broad research questions informed the current study: (a) what are the pathways to South African DSW resilience as experienced by resilient South African DSWs who adapt to their adverse working conditions? and (b) What guidelines, emanating from previous research findings and literature, could be developed to assist DSW supervisors to promote South African DSW resilience within reflective supervision?

## **2. PURPOSE STATEMENT**

The purpose of this qualitative phenomenological inquiry was to explore pathways of resilience among resilient South African DSWs by studying relevant literature and examining their lived experiences. A secondary purpose was to draw on these research findings and literature to propose resilience promoting guidelines (framed by reflective supervision) for use by South African DSW supervisors, of South African DSWs.

### **2.1 Definitions of concepts**

To prevent any confusion resulting from varied interpretations of a single concept, definitions of the key terms used in the current study are provided below.

#### **2.1.1 Social worker**

According to the Children's Act (Act 38 of 2005), a social worker is "a person who is registered or deemed to be registered as a social worker in terms of the Social Service Professions Act, 1978 (Act 110 of 1978)".

### 2.1.2 Designated social worker

A designated social worker delivering designated child protection services, according to the Children's Act (Act 38 of 2005), is defined as “a social worker in the service of-

- (a) the department or a provincial department of social development
- (b) a designated child protection organization
- (c) a municipality”.

### 2.1.3 Designated child protection services

Designated child protection services are described as follows: “Designated child protection services include investigations and reports for Children's Court” (Bosman-Sadie & Corrie, 2010, p. 118).

### 2.1.4 Designated child protection organisation

As stipulated in the Children's Act (Act 38 of 2005), a designated child protection organisation is “an organization designated in terms of section 107 of the Children's Act, (Act 38 of 2005) to perform designated child protection services”.

### 2.1.5 Resilience

- Good outcomes notwithstanding severe threats to adaptation or development (Masten, 2001).
- Being able to proceed in the face of adverse stressors (Tugade & Fredrickson, 2004).
- “Resilience refers to a dynamic process encompassing positive adaption within the context of significant adversity” (Luthar, Cicchetti, & Becker, 2000, p. 543).

### 2.1.6 Supervision

A “process whereby the supervisor performs educational, supportive and administrative functions in order to promote efficient and professional rendering of services” (New Dictionary of Social Work, 1995).

### 2.1.7 Reflection

Occasionally stepping back to consider recent events and what it means to you and others (Raelin, 2001).

## **3 RESEARCH QUESTIONS**

The following research questions emanated from the problem statement:

### **3.1 Primary research question**

3.1.1 What do the processes of resilience in resilient South African DSWs entail?

### **3.2 Secondary research questions**

3.2.1 What is already known about social worker risk and DSW resilience?

3.2.2 What are the indicators of resilience in resilient South African DSWs?

3.2.3 How do resilient South African DSWs adjust well to severe workplace adversities?

3.2.4 What guidelines, emanating from research findings and literature, could be developed to assist DSW supervisors to promote South African DSW resilience within reflective supervision?

## **4 OBJECTIVES OF THE STUDY**

Based on the aforementioned research questions, the following objectives were formulated:

- 4.1.1 To conduct a qualitative research synthesis of the literature pertaining to social worker risks and DSW resilience.
- 4.1.2 To consult an advisory panel (AP) regarding the indicators of resilience in resilient South African DSWs.
- 4.1.3 To explore how resilient South African DSWs adjust well to severe workplace adversities.
- 4.1.4 To infer, from the research findings and literature, resilience-promoting guidelines framed by reflective supervision for DSW supervisors to assist the promotion of their supervisees' (South African DSWs) resilience.

## **5. RESEARCH METHODOLOGY**

### **5.1 Paradigmatic perspective**

The frame or “philosophical perspective” people use to observe and understand the world, whether all-inclusive or narrow, may be described as a paradigm (Maschi & Youdin, 2012, p. 82). Several different paradigms for social work have been identified, such as positivism, pragmatism, critical social science, and post-positivism (Maschi & Youdin, 2012). For the purpose of the current study, the researcher found the “constructivist paradigm” to be suitable (Maschi & Youdin, 2012, p. 84). Fundamental to this paradigm is that people’s views or understandings of their reality are “socially constructed” (Maschi & Youdin, 2012, p. 84). In this paradigm, it is accepted that people have diverse views; thus, numerous realities exist, and

there is no “objective reality” – what is true for one person is not necessarily true for another (Maschi & Youdin, 2012, p. 84).

Given this selected paradigm, the researcher has aimed to tap into the diverse meanings of study participants’ realities pertaining to DSW risk and resilience. Since little is known about DSW resilience, and nothing about South African DSW resilience, it was important to start with exploring and understanding the lived experiences and perspectives of DSWs who did adapt to reported workplace adversities. In summary, together with an AP and the South African DSW participants, the researcher co-constructed an understanding of resilience processes that supported South African DSW resilience.

## **5.2 Review of literature**

In order to review relevant literature, the researcher conducted a systematic search (Kastner et al., 2012) of a variety of national and international sources, including books, journals, dissertations, and so forth, on the subject of resilience, social work, DSW, working conditions of social workers and DSWs, and resilience processes of DSWs. The selected method of systematic review was a qualitative research synthesis (Flemming, 2009; Suri, 2011) which entails the merging of research findings, emanating from both qualitative and quantitative primary research studies, via qualitative methods (Suri, 2011).

A qualitative research synthesis (Flemming, 2009; Suri, 2011) of studies pertaining to social worker risk and DSW resilience was conducted to achieve the first research objective and was driven by the following two research questions of Manuscript 1: a) What are the risks with which social workers are confronted? b) How might DSW resilience be conceptualised? The researcher, therefore, engaged in criterion sampling, since selected studies complied with the explicit inclusion and exclusion criteria as discussed in Manuscript 1 (Suri, 2011). Each paper

selected for the qualitative research synthesis (Appendix 2) was subjected to data extraction. Both quantitative and qualitative research studies were included (Flemming, 2009; Suri, 2011) as well as literature reviews and media reports that, in some way, answered the two research questions. Since both quantitative and qualitative studies were included in this qualitative research synthesis, it is important to note that the findings of quantitative studies were treated as qualitative data, in that these were not statistically meta-analysed, but rather reviewed for content that answered the two above stated research questions (Flemming, 2009). This enabled the researcher to establish whether social workers were, in fact, positioned in hostile contexts and what this hostility entailed and to critically comment on current understandings of DSW resilience. The researcher, subsequently, identified further rationale in the current literature to motivate continued studies into DSW resilience. The results of the qualitative research synthesis were documented in Manuscript 1.

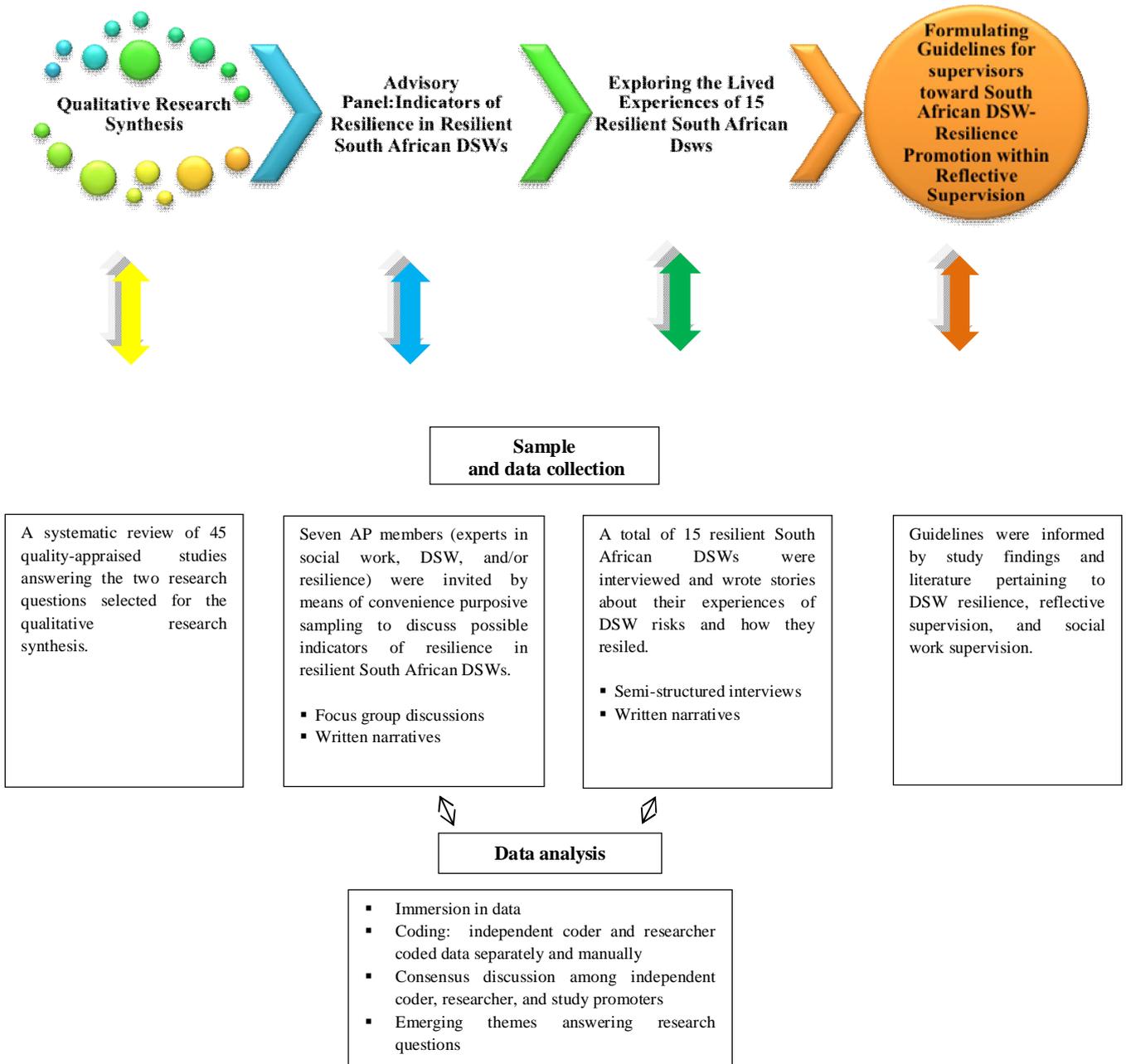
### **5.3 Design**

In the current study, a qualitative exploratory design was applicable due to the limited availability of information pertaining to resilience in South African DSWs (Fouché & De Vos, 2005a). Creswell (2009) encourages a qualitative approach when little research has been done on a particular phenomenon. The phenomenological approach is the strategy of inquiry that was used. It was important to understand “the lived experiences” of these resilient South African DSWs, as there is an “essence” to shared experiences (Patton, 2002, p. 106). These essences are the core meanings, “mutually understood through a phenomenon commonly experienced” (Patton, 2002, p. 106). In qualitative research, it is important to understand the participants and *their* perspectives. This is an important phenomenological principle relating to the German term “Verstehen” or “understanding” (Rubin & Babbie, 2010, p. 218). A phenomenological approach

“focuses on how human beings make sense of their experiences and how they transform their experiences into consciousness” (Patton, 2002, p. 104). It was, therefore, essential to capture and describe (through focus group discussions) what a South African AP consisting of DSW, social work, and resilience experts considered indicators of resilience in resilient South African DSWs to be (Appendix 3); and how (through semi-structured interviews and writing of stories) 15 resilient South African DSWs experienced DSW-related risk and their resilience (Patton, 2002), especially since South African DSW resilience was poorly understood (Creswell, 2009).

The disadvantage of a phenomenological study is that it can be quite “labour-intensive and requires a reflective turn of mind on the part of the researcher” (Marshall & Rossman, 2006, p. 105). It was important for the researcher to be aware of her own biases and values, her culture, and her history, which shaped her interpretations during the current study (Creswell, 2009). It was, therefore, necessary for her to clarify her assumptions about resilience in South African DSWs up front. In multiple discussions with her promoters, the researcher became aware that she anticipated that religious devotion underpinned South African DSW resilience. She (the researcher) was careful not to prioritise her assumption in her readings of the data.

The qualitative exploratory design was applied in four steps and documented in four manuscripts. See Figure 1 below for a design map of the process followed.



**Figure 1: Design map**

#### **5.4 Study participants and sampling**

Through the use of convenience purposive sampling, the researcher initially recruited three AP members (APMs) (Merriam, 2009), one of whom was able to identify a further four APMs. A total of seven APMs were, thus, recruited. Sampling criteria for the AP included that APMs had to:

- have adequate social work and, specifically, DSW experience and specialised knowledge (either academic or experiential) of resilience;
- be considered resilient by associates of the local social work community; and
- represent different South African cultural backgrounds, both gender groups, the non-government sector (NGOs), and the government sector (Department of Health and Social Development).

The AP consisted of two academics and five experienced DSWs from multiple cultural backgrounds. Five of the APMs were white and two were black, with total years of work experience of between 18 and 43 years in the study of resilience, DSW practice, social work practice, and/or social work academia.

With regard to the recruitment of resilient South African DSWs, the AP then functioned as a gatekeeper (Fouché & de Vos, 2005b) and identified initial study participants (resilient South African DSWs) (Appendix 4) after which snowball sampling was used to further recruit study participants. Snowballing involves approaching one individual who is being studied to identify a comparable individual (Strydom, 2005b). Given the fact that the researcher was unfamiliar with potential study participants in Gauteng who complied with the AP formulated criteria (i.e. be known for their personal strengths, living value-embedded lives, and having support networks), snowball sampling was ideal as a method of selecting prospective study participants. To be

included in the current study, study participants had to also be registered as social workers with the South African Council for Social Services Professions (SACSSP) and be DSWs employed by the Department of Social Development or a registered child protection organisation in Gauteng. A total of 15 study participants were recruited, since data saturation was reached after the 15<sup>th</sup> interview (Merriam, 2009).

## **5.5 Data collection**

As explained below, three qualitative data collection methods were used to generate data, namely, (a) focus group discussions, (b) semi-structured interviews, and (c) written narratives. Because the researcher worked from a constructivist paradigm, she understood the process of data generation to be actively shared by her and the participants (so more co-generation than data collection). Nevertheless, in what follows below, and in the manuscripts making up this thesis, the more traditional term of data collection is used interchangeably with data generation/co-generation.

The researcher invited APMs to participate in focus group discussions, and informed consent forms (Appendix 5) were completed by each APM prior to the commencement of these focus group discussions (Merriam, 2009). The use of an AP is not uncommon in resilience-focused studies, both globally (Ungar et al., 2007) and in South Africa (Theron & Dunn, 2010). Typically, an AP is comprised of members with a localised understanding of the phenomenon in question (in this case, expert knowledge of DSW and resilience), who can facilitate access to prospective study participants (in subsequent research phase). By using focus group discussions, the researcher was able to analyse data with an understanding of what had happened in the group and why (Niewenhuis, 2007). One of the reported limitations of focus group discussions is finding a place, date, and time that suit every APM (Niewenhuis, 2007). This challenge was also

experienced in the current study, and thus, the researcher facilitated two separate focus group discussions at two different locations.

Data that emerged from the first focus group discussion were collected as follows: four APMs divided into dyads to discuss what signified resilience in resilient South African DSWs. This lasted about three hours and was followed by a joint discussion of what APMs understood resilience in resilient South African DSWs to mean. The researcher audio-recorded discussions with study participants' permission. Discussions were conducted in English, as this was the common language spoken by all, and APMs were comfortable using English, even though this was not their mother tongue. Once consensus regarding the possible indicators of resilience in resilient South African DSWs had been reached, each APM was invited to write a narrative that illustrated DSW risk and resilience, based on personal experience or observation (Creswell, 2009).

Since three APMs were unable to attend the first focus group discussion, the researcher convened with them at their work office at a later, more convenient date. During the second focus group discussion (which was also conducted in English), a detailed synopsis of findings that had emerged from the first focus group discussion was presented to these APMs for their critique. All three APMs agreed with the description and also provided similar written narratives. The researcher then moved on to co-generate data with the DSWs.

Prior to conducting semi-structured interviews with study participants (resilient South African DSWs), the researcher pilot-tested the interview schedule (Appendix 6) with two pilot study participants in order to change and adapt the interview schedule, as needed. An interview schedule is a written questionnaire that guides the interviewer (Greeff, 2011). Locke, Spirduso, and Silverman (2007) encourage the use of pilot studies since it might reveal unforeseen snags

that could later have detrimental consequences on the research. The aim of the pilot study was to test the pragmatism of the planned interview schedule (Locke et al., 2007) and also helped the researcher to become aware of her own interviewing abilities (Greeff, 2005).

Study participants for the pilot and main study were identified using the criteria determined by the AP. Once the two study participants had agreed to participate in the pilot study, they were given a participant information letter (Appendix 7), and they signed informed consent forms (Appendix 8), after which the researcher contacted them telephonically to make the necessary arrangements for the interview. Because of the rich data that emerged from the pilot interviews and written narratives, the researcher decided to include this data in the study findings. Thereafter, 13 study participants were engaged in semi-structured interviews, guided by an interview protocol, and were invited to write written narratives (Creswell, 2009) about their lived experiences of work-related risk and resilience. Of the 15 study participants, only 13 study participants provided written narratives. Each interview was audio-recorded (Greeff, 2011) with study participant permission. Interviews lasted approximately 90 minutes and took place after hours at times that best suited each study participant. The advantage of recording the interviews was that the researcher could concentrate on how the interviews proceeded and where to go next. The disadvantage, however, was that study participants might have felt uncomfortable with being recorded and could have withdrawn as a result (Greeff, 2011). No study participants, however, disclosed or demonstrated discomfort with being audio-recorded.

The interviews included asking study participants a few open ended questions that prompted them to express their personal opinions (Creswell, 2009). Interview questions were predetermined and based on an interview schedule, consequently making the interview semi-structured. The interview schedule was based on a literature review of resilience, social workers

at risk, and DSW resilience. This interview schedule did not dictate, but rather guided, the interview. The advantage of the interview schedule was that it required the researcher to consider difficulties that could have occurred during the interview (Greeff, 2011).

## **5.6 Data analysis**

To analyse the data generated by the AP and the participating DSWs, the researcher followed a process of inductive content analysis using a conventional content analysis approach (Hsiu-Fang & Shannon, 2005). As will be made clear in Manuscripts Two and Three, the data co-generated by the AP were analysed separately from those co-generated by participating DSWs. In both cases, the researcher and an independent coder conducted the first round of open and axial coding independently from one other. The researcher and independent coder convened to review emerging axial codes informing themes and sub-themes, as well as the themes, which resulted in some themes being united, other themes being eliminated, and other themes being named differently (Braun & Clarke, 2006).

All data were analysed using the constant comparative method (Merriam, 2009). Accordingly, the researcher first transcribed and organised the data, after which she repeatedly read the data until she was familiar with its content (Marshall & Rossman, 2006). Inductive coding of data (interview transcripts and written narratives) then took place, which allowed the theory to emerge from the data. Coding of data is the “formal representation of analytic thinking” (Marshall & Rossman, 2006, p. 160). The researcher coded the data manually. Two types of coding took place, namely, open coding and axial coding (De Vos, 2005). Firstly, the researcher labelled parts of the data (through open coding) that answered the research question guiding the co-generation of each data set (e.g., for the DSWs, the guiding research question related to processes of their positive adaptation). To do this, the researcher worked through one

transcript/narrative at a time and searched for words, phrases and/or sentences that explained why/how DSWs adjusted well to the risks they faced. For instance, participants' phrases such as *"It's being purpose driven"*; *"I also know that after I asked God where He wants me, I was convinced within my heart why He wants me here"*; *"I have a passion for social work, I enjoy helping people"* were labelled using detailed codes like 'her work is purposeful', 'God directs her calling to social work' and 'she has a passion for helping others'. Next, all open codes for each interview were listed and similar open codes were grouped as axial codes. Grouped axial codes were typically given a revised label. For example, the above mentioned open codes were grouped together and renamed: Dedication to social work.

Using the constant comparative approach, the axial codes from each narrative/ transcript were compared, as they emerged. For example, after the second transcript had been inductively content analysed and axial codes determined, the researcher compared these with the axial codes that emerged in the first transcript. This method entailed the careful, repeated comparison of emerging and emerged codes in order to determine similarities and differences (Merriam, 2009). The same was done with the third analysed transcript (i.e., its axial codes were compared with those of transcripts 1 and 2) and for subsequent transcripts. By comparing the codes, the researcher began to get a sense of which codes were repeating and which seemed to be outliers. This iterative process of repeated comparisons also allowed the researcher to refine her axial codes even further. For example, as she compared codes across interviews and narratives she realised that 'Dedication to social work' did not fully explain participants' deep commitment to their profession. Their dedication seemed stronger and rooted in a belief that this was their purpose in life. Thus, 'dedication to social work' was renamed 'social work as life's purpose'.

The independent coder followed the above steps too. The researcher and independent coder then met for a consensus discussion for each data set (i.e., the set generated by the AP, and later by the DSWs). During this consensus discussion the coded data were scrutinised to identify themes that answered the research question. The themes related to the axial codes. Similar axial codes were grouped to form themes. For example, the axial codes of ‘social work as life’s purpose’, ‘God-ordained calling’, and ‘passion for the practice of social work’ were grouped to form the theme, ‘Practice- and purpose-informing creeds’. Because the axial codes flowed from a process of inductive, iterative content analysis - i.e. they emanated from the data - the themes answering the study’s primary question are, “grounded in data” (Merriam, 2009, p. 29).

Once the data had been analysed as themes, interpretation of the themes took place. Interpreting data involves making “sense of the data” (De Vos, 2005, p. 338). The researcher needed to considerer how the themes related to existing literature, and what the themes explained about the process of DSWs’ resilience. The initial interpreted results, or working hypotheses about South African DSW resilience were presented to experienced resilience researchers at the 2013 Resilience symposium (see Truter, 2013a). From the research results, South African DSW resilience-promoting guidelines framed by reflective supervision were advanced, which were supported by social work supervisors from the Vaal Triangle area during a supervision training session facilitated by the social work lecturers of the NWU Vaal Triangle Campus.

## **6. ETHICAL ASPECTS**

The Ethics Committee of the North-West University’s Vaal Triangle Campus assessed and approved the current study (NWU ethics number: FH-SB-2011-038) (Appendix 9). According to Strydom (2011, p. 114), “ethics” refers to “a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural

expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students”. There are several ethical issues to consider prior to the initiation of any research. Two of these ethical issues relate to informed consent and confidentiality.

It is of essence in any research to obtain informed consent from all the study participants involved (Strydom, 2005a). Study participants made an informed choice about participating in the current study and volunteered to participate. Study participants were not compelled, nor did they feel obliged, to participate. Study participants fully understood “the demands that the project would make on them in terms of time, activities and disclosure of confidential information” (Strydom, 2005a, p. 59). The study participants were all aware of the fact that the researcher needed them to make time for a focus group discussion and one-to-one interview and that they had to reflect on, and give their opinion of, study findings.

Even if study participants were not interested in the researcher’s explanation or information provided by the researcher, she “remain[ed] obligated at all times to give a complete explanation of the investigation ...” (Strydom, 2011, p. 118). All resilient DSWs requested to participate in the current study were well informed about the purpose of the study. They were not forced to participate in the interview, and interviews and information gathered were kept confidential. Confidentiality refers to “the handling of information in a confidential manner ... a continuation of privacy” (Strydom, 2011, p. 119). The researcher did not, under any circumstances, share the information (pertaining to study participants) gathered during the interviews with APMs who had recommended those study participants. Furthermore, all data emanating from interviews and discussions with the AP and study participants were kept locked in the possession of the researcher. Only the researcher and independent coder had access to the data and it will be

locked safely in a secure storage facility at the North West University Vaal Triangle Campus, for a period of 10 years.

The researcher did not make use of any harmful language that was biased or discriminatory in the writing of this research report (Creswell, 2009). Furthermore, findings of the empirical investigation were true and were not falsified to meet the needs of the audience or anyone else (Creswell, 2009). When study participants became emotional during the interviews, the researcher was able to manage the situation in a professional manner, which was not harmful to anyone. The researcher addressed the emotions of study participants and helped them to reach equilibrium before the interviews were terminated.

The researcher is registered with the South African Council for Social Service Professions (SACSSP) as a professional social worker. The researcher is also a practising DSW and, to date, has five years of working experience as a DSW in South Africa. The researcher has been, and still is, required to comply with the Code of Ethics as set out by SACSSP. Some of these ethical principles include the following:

- “It is imperative for a social worker to seek written and informed consent of the client prior to disclosing confidential information regarding the client with colleagues or other social workers. This may also include supervision” (SACSSP, n.d., p. 33).
- “Social workers contribute to the knowledge base of the profession and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession’s literature and to share their knowledge at meetings and conferences” (SACSSP, n.d., p. 8).
- “Social workers should monitor, evaluate and research policies, the implementation of programmes and practice interventions” (SACSSP, n.d., p. 9).

## **7. TRUSTWORTHINESS**

Member checking is a strategy that was employed during this research study in order to ensure accuracy of findings, which, in turn, contributed to the qualitative validity or trustworthiness of the study (Creswell, 2009). Member checking is a common strategy to ensure internal validity (Merriam, 2009). A representative number of study participants were requested to comment on the analysis of data collected. “Adequate engagement in data collection” is another strategy that will ensure internal validity (Merriam, 2009, p. 219). The researcher interviewed study participants until data saturation was reached. In order to augment the trustworthiness of the current study, transcripts were verified for obvious mistakes made during transcription, and the researcher ensured that there was no drift in the definition and meaning of codes during the coding process (Creswell, 2009).

Further suggestions for the refinement of themes were then subjected to independent peer verification (that is, study promoters and colleagues). This encouraged further scrutiny of the data and some thematic reconceptualisations (for example, the reworked themes were more process oriented). Independent coding and peer verification, thus, further enhanced the trustworthiness of the research study findings.

Multiple data collection methods and sources (that is, focus group discussions, written narratives, and semi-structured interviews) informed the research process, thereby further enhancing the credibility of the findings. Triangulation of transcripts and written narratives, along with a rich description of participants, also contributed to the trustworthiness of the findings (Lincoln & Guba, 1985). Another strategy that ensured consistency and dependability in the current study was that of the audit trail. According to Merriam (2009, p. 223), the audit trail method “describes in detail how data was collected, how categories were derived, and how decisions

were made throughout the inquiry”. The researcher, thus, kept a research journal, in which everything that happened throughout the research process was recorded (Appendix 10).

## **8. THESIS FORMAT**

### **Structure of document**

#### **Section A: Overview of the study**

#### **Section B: Manuscripts prepared for journals**

- ***Manuscript 1:*** “Understanding resilience in South African designated social workers”

Prepared for: *Social Work/Maatskaplike Werk*

Referencing style: Harvard

Word limit: 10 000 words

- ***Manuscript 2:*** “Indicators of resilience in resilient South African designated social workers: professional perspectives”

Prepared for: *The Social Work Practitioner-Researcher*

Referencing style: Harvard

Word limit: a minimum length of 3 500 words and a maximum length of 5 000 words (excluding references)

- ***Manuscript 3:*** “Lived experiences of resilience-promoting practices among resilient South African designated social workers”

Prepared for: *Qualitative Health Research*

Referencing style: APA

Word limit: not specified

- ***Manuscript 4:*** “Guidelines for promoting South African designated social worker resilience within reflective supervision”

Prepared for: *Social Work/Maatskaplike Werk*

Referencing style: Harvard

Word limit: 10 000 words

**Section C: Conclusions and recommendations**

**Combined Reference List**

**Appendices**

**SECTION B**  
**MANUSCRIPTS**

## **PREFACE**

The following manuscript “*Understanding Resilience in South African Designated Social Workers*” will answer the following secondary research question: “*What is already known about social worker risk and DSW resilience?*”

**MANUSCRIPT 1**

**Understanding Resilience in South African Designated Social  
Workers**

*Prepared for submission to journal*

**SOCIAL WORK/MAATSKAPLIKE WERK**

## **GUIDELINES FOR AUTHORS: MAATSKAPLIKE WERK/SOCIAL WORK**

**EDITORIAL POLICY/REDAKSIONELE BELEID** The Journal publishes articles, book reviews and commentary on articles already published from any field of social work. Contributions may be written in English or Afrikaans. All articles should include an abstract in English of not more than 100 words. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice. Articles of less than 2,000 words or more than 10,000 words are normally not considered for publication. Submit the manuscript as a Microsoft Word document, in 12 pt. Times New Roman, double line spacing. Use font Arial in charts and diagrams. The manuscript should be sent electronically to [hsu@sun.ac.za](mailto:hsu@sun.ac.za). Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. "... (Berger, 1967:12). More details about sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors. Note the use of capitals and punctuation marks in the following examples. In terms of SANSO-014 our journal is classified as an approved research journal for the purpose of subsidy by the State. The Editorial Board has therefore decided that an amount of R100.00 (hundred Rand) per page is to be paid for published articles by authors who are lecturing or doing research at Universities in the RSA. Die Tydskrif publiseer artikels, boekbesprekings en kommentaar op reeds gepubliseerde artikels uit enige

gebied van die maatskaplike werk. Bydraes mag in Afrikaans of Engels geskryf word. Alle artikels moet vergesel wees van 'n Engelse opsomming van nie meer as 100 woorde nie. Alle bydraes sal krities deur ten minste twee keurders beoordeel word. Beoordeling is streng vertroulik. Manuskripte sal na die outeurs teruggestuur word indien ingrypente hersiening vereis word of indien die styl nie ooreenstem met die tydskrif se standaard nie. Artikels van minder as 2,000 woorde of meer as 10,000 woorde sal normaalweg nie oorweeg word vir publikasie. Stuur die manuskrip in 12 pt "Times Roman", dubbel- spasiëring as 'n Microsoft Word dokument, elektronies aan [hsu@sun.ac.za](mailto:hsu@sun.ac.za). Verwysings moet volgens die Harvard-stelsel geskied. Verwysings in die teks: Wanneer woordelike sate, feite of argumente uit ander bronne gesitueer word, moet die van(ne) van die outeur(s), jaar van publikasie, en bladsy- nommers tussen hakies in die teks verskyn, bv. "... (Berger, 1967:12). Meer besonderhede omtrent bronne moet alfabeties volgens die vanne van die outeurs aan die einde van die manuskrip onder die opskrif "Bibliografie" verskyn. Let op die gebruik van hoofletters en leestekens by die volgende voorbeelde. Volgens Sanso-014 is Maatskaplike Werk/- Social Work 'n goedgekeurde navorsings - tydskrif en ontvang universiteite 'n subsidie ten opsigte van artikels van personele wat daarin gepubliseer word. In die lig hiervan is besluit dat bladgelde van R100-00 (honderd Rand) per bladsy vir gepubliseerde artikels van die betrokke universiteit gehef word.

**TWO AUTHORS/TWEE OUTEURS: SHEAFOR, B.W. & JENKINS, L.E. 1982. Quality field instruction in social work. Program Development and Maintenance. New York: Longman.**

**COLLECTION/BUNDEL ARTIKELS: MIDDLEMAN, R.R. & RHODES, G.B. (eds) 1985. Competent supervision, making imaginative judgements. New Jersey: Prentice-Hall.**

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**JOURNAL ARTICLE/ARTIKEL IN TYDSKRIF: BERNSTEIN, A. 1991. Social work and a new South Africa: Can social workers meet the challenge? Social Work/Maatskaplike Werk, 27(3/4):222-231.**

**THESIS/TESIS: EHLERS, D.M.M. 1987. Die gebruik van statistiese tegnieke vir die ontleding van gegewens in maatskaplikewerk-navorsing. Pretoria: Universiteit van Pretoria. (M tesis)**

**MINISTRY FOR WELFARE AND POPULATION DEVELOPMENT 1995. Draft White Paper for Social Welfare. Government Gazette, Vol. 368, No. 16943 (2 February). Pretoria: Government Printer.**

**NEWSPAPER REPORT/KOERANTBERIG: MBEKI, T. 1998. Fiddling while the AIDS crisis gets out of control. Sunday Times, 8 March, 18.**

**INTERNET REFERENCES/VERWYSINGS: McKIERNAN, G. 1998. Beyond bookmarks: schemes for organising the Web. Available: [http://www.public.iastate.edu/CYBER- STACKS/CTW.htm](http://www.public.iastate.edu/CYBER-STACKS/CTW.htm). [Accessed: 18/06/1998].**

## **ABSTRACT**

Globally, social workers protect children who need care and protection. Designated social workers (DSWs) protect children through direct statutory intervention. Concomitant professional challenges threaten DSW well-being and competence, resulting in sub-standard services, attrition, and calls for DSW resilience. Promoting their resilience requires a deep understanding of social worker risk and DSW resilience. The researcher reports a qualitative research synthesis of social worker risk and DSW resilience studies, confirming social work as risk-filled and demonstrating the inadequate understanding of DSW resilience processes. Risks to non-designated social workers and DSWs are outlined, followed by a proposal for prioritising studies investigating South African DSW resilience.

**Keywords:** resilience, South African designated social workers, social workers, risk, statutory intervention, qualitative research synthesis

## **OPSOMMING**

Maatskaplike werkers wêreldwyd beskerm kinders wat sorg en beskerming benodig. Statutêre maatskaplike werkers (SMWs) beskerm kinders deur direkte statutêre ingryping. Gepaardgaande professionele uitdagings bedreig SMW-welstand en -bevoegdheid, wat tot substandaarddienste, natuurlike uitvloei en oproepe om SMW-veerkragtigheid lei. Die bevordering van hul veerkragtigheid vereis 'n diep begrip van maatskaplike-werk-risiko en SMW-veerkragtigheid. Die navorser doen verslag oor 'n kwalitatiewe navorsing sintese van maatskaplike-werker-risiko- en SMW-veerkragtigheidsstudies, wat bevestig dat maatskaplike werk met risiko's gevul is en wat die onvoldoende begrip van SMW-veerkragtigheidsprosesse demonstreer. Risiko's wat maatskaplike werkers wat statutêre en nie-statutêre dienste lewer, in die gesig staar, word uiteengesit, gevolg deur 'n voorstel om voorkeur te gee aan studies wat Suid-Afrikaanse SMW-veerkragtigheid bestudeer.

**Slutelwoorde:** veerkragtigheid, Suid-Afrikaanse statutêre maatskaplike werkers, maatskaplike werkers, risiko, statutêre intervensie, kwalitatiewe navorsing sintese

## INTRODUCTION

The South African government adopted a developmental approach to social welfare after the first democratic elections in 1994 (Dutschke, 2007; Patel, 2005). Developmental social welfare emphasises efforts toward economic advancement by fostering the financial independence of persons (Patel, 2005). This decreases the need for costly service interventions for social problems arising from poverty and saves the state resources. Children are, however, by their very nature, economically dependent on adults, and therefore, the South African Constitution provides them with constitutional rights to protection and care (Dutschke, 2007). Section 28(1) (d) of the Constitution of the Republic of South Africa clearly stipulates the right of children to be protected “from maltreatment, neglect, abuse, or degradation”. A right without a resource, however, is meaningless, and therefore, the South African Constitution specifies further, in section 28(1) (c), that every child has the right to, among other resources, social services.

In addition, the Children’s Act (Act 38 of 2005) accentuates the significance of not only the best interests and rights of children, but also the role of social workers to protect children in need of care and protection. The South African Children’s Act (Act 38 of 2005) refers to designated social workers (DSWs)<sup>1</sup> as the only group of social workers in South Africa authorised to protect children in need of care and protection, *as per statutory services related to children and families in need of care and protection*. According to section 105 of the South African Children’s Act (Act 38 of 2005), DSWs may be in the service of the Department of Social Development, a municipality, or a designated child protection organisation. DSWs render services related to children’s court proceedings, implementation of court orders, prevention, early intervention and statutory services, investigations, and the making of assessments in cases of suspected abuse,

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<sup>1</sup> Internationally, also referred to as statutory, case, front-line, child welfare, child protection, family and child, children and families, and direct-service social workers. For the purpose of the current study, the term “DSW” will be used; yet, at times, reference may be made to other labels.

neglect, or abandonment of children. Although professional labels differ in countries other than South Africa, the nature of the work remains the same and is focused on *direct* child protection intervention by means of statutory services, such as the legal removal of children from caregivers (Beckett, 2007; Cornille & Meyers, 1999; Russ *et al.*, 2009).

As is the case with most other countries, there is another group of social workers in South Africa who do not have the mandate to provide direct statutory services pertaining to protection of vulnerable children and families, but who also works towards the best interests of children who are in need of care and protection. This group of “non-designated social workers” is employed in, among others; health-care settings, child and youth care centres, schools, old-age care facilities, prisons, clinical settings, and so forth. These social workers render services that do not involve direct statutory child protection, but rather, for instance, therapeutic services, institutional care, and mental-health-related services. Although these non-designated social workers are often involved somewhere in the continuum of statutory intervention, they are not authorised to deliver statutory services directly related to the protection of abused/neglected or abandoned children.

Due to the constitutional right that South African children have to be protected against abuse, abandonment, or neglect (Children’s Act, Act 38 of 2005), and the specific role of DSWs in implementing these legal rights of children, the researcher decided to focus the study informing this manuscript on DSWs. Generally, the well-being and resultant service delivery of all social workers all over the world seem to be at risk (Baldauf, 2007; Department of Labour, Te Tari Mahi, 2005:3, 4; Liptak, 2010; Lonne, 2008; NASW, 2010). The aim of the study informing this manuscript was to report on social worker risk and DSW resilience in order to harness such knowledge towards supporting South African DSW resilience. The need to understand and study

processes of DSW resilience “demands the attention of both practitioners and academic researchers in order to develop organizational and professional practice that can meet the challenges of this new era” (Kearns & McArdle, 2012:275).

### **A social ecological understanding of resilience**

Positive adjustment to threat, or the ability to move on without becoming entangled in the aftermath of trauma, refers to the phenomenon of resilience (Masten, 2001). From a social ecological framework, on which the study informing this manuscript drew, resilience is not an inherent trait, as originally believed, but an evolutionary, time-, culture-, and context-bound process that emerges from everyday protective interactions between people and their social ecologies (Ungar, 2012). Such a social ecological understanding of resilience takes the focus off the individual alone and holds the social ecology equally responsible for the co-construction of resilience processes (Ungar, 2011). From this perspective, the resilient individual will negotiate for support from his or her social ecology, and for resilience to be nurtured, such support should be supplied (by the social ecology) in a culturally suitable manner that will vary across time (Ungar, 2012, 2013).

### **CONTRIBUTION TO THE FIELD**

In acknowledging the vital role that all social workers fulfil in society and in emphasising how seemingly challenged they are, the study informing this manuscript contributes to the awareness that their well-being is at risk. By commenting critically on the inadequacy of current understandings of South African DSW resilience, this manuscript contributes a pressing research agenda, namely, an investigation into South African DSW resilience processes. In so doing, this

manuscript sensitises practising DSWs, academics, mental health practitioners, and other service providers to the importance of comprehending and promoting DSWs' resilience processes. This, in turn, should make a contribution to professionals offering supervision to DSWs and to the communities serviced by DSWs. Ultimately, resilient DSWs might enjoy enhanced well-being and will possibly serve their communities more effectively.

## **THE REVIEW**

### **Aim of study**

The aim was to provide a qualitative research synthesis (Flemming, 2009; Suri, 2011) of studies pertaining to social worker risk and DSW resilience. With this synthesis, the researcher aimed to answer the following two research questions: a) What are the risks with which social workers are confronted? b) How might DSW resilience be conceptualised?

### **Design**

Kastner *et al.* (2012) highlight that there is a similarity among the different methods of systematic review. For the purpose of the study informing this manuscript, the researcher referred to Fleming (2009) and Suri (2011) and applied a qualitative research synthesis (Flemming, 2009; Suri, 2011). A qualitative research synthesis involves synthesizing research findings emerging from both qualitative and quantitative primary research studies in a qualitative way (Suri, 2011). The qualitative research synthesis that follows contextualises social work in the 21<sup>st</sup> century and highlights the hostile nature of this profession, before reviewing how resilience is generally conceptualised and how DSWs are reported to adjust well to their workplace adversities. The researcher, thus, adopted a process of purposefully selecting studies that were attentive to the risks in social work as well as studies exploring DSW resilience. The

researcher, therefore, engaged in criterion sampling, since selected studies complied with the explicit inclusion and exclusion criteria discussed below (Suri, 2011). This enabled the researcher to establish whether social workers were, in fact, positioned in hostile contexts and what this hostility entailed and to critically comment on current understandings of DSW resilience. The researcher, subsequently, identified the further rationale in the current literature to motivate continued studies into DSW resilience.

## **Search methods**

### *Literature scoping*

Prior to the main review, scoping of the literature was imperative in order to establish whether a systematic review in the topic areas had previously been conducted (Davis *et al.*, 2009; McDermott *et al.*, 2004). A comprehensive review of available literature between 1993 and 2013 was conducted to establish whether the research questions had been answered. Once data saturation had been reached and no new themes emerged, the researcher found that existing research had not provided (a) a systematic review of social worker risk and b) a systematic review of DSW resilience.

### *Search outline and outcome*

Since two questions were asked in this qualitative research synthesis, two sets of inclusion and exclusion criteria were formulated. Inclusion criteria were publications in indexed or accredited journals that detailed risks emanating from the social work profession. The researcher also searched grey literature, which Auger (cited by Hopewell *et al.*, 2007:2) defines as all printed and electronic documentation that is independent of commercial publishers and includes documentation such as “conference abstracts, research reports, book chapters, unpublished data, dissertations, policy documents and personal correspondence”. The researcher screened all grey

literature to determine whether it held any relevance to the research questions the researcher had posed. When grey literature was considered, it was carefully scrutinised in terms of its reliability. Unexpectedly, media documentation, such as media statements and newspaper reports relevant to our research questions, surfaced several times during the search for literature. Although media reports are traditionally not included in a research synthesis, these media documents were included in our synthesis, given their relevance (Flemming, 2009). Words such as “social work”, “social worker”, “designated social worker”, “stress”, “risk”, “resilience”, “depression”, “coping”, “burnout”, “compassion fatigue”, “trauma”, and “risk factors” needed to be in the titles or listed keywords. Exclusion criteria were studies or reviews that aimed to report on risks faced by social work *service users/clients*.

With reference to the question of social worker resilience, the same set of literature was searched using keywords or title words that included “designated social worker”, “social work/social worker resilience”, “social work/social worker protective factors”, and “social work/social worker positive adaptation”. The researcher excluded policy documents, training materials, and studies pertaining to the happiness, well-being, and/or coping methods of social workers and DSWs (given the trend in resilience literature not to equate resilience with these positive psychology constructs, Rutter, 2012). The researcher also excluded any work focused on theories/models or pathways directed towards the resilience of social work and DSW *service users/clients* and/or studies directed towards resilience of any persons or helping professionals other than social workers and DSWs.

In order to ensure that relevant studies were not omitted, the following search strategies were implemented: the researcher searched electronic archives of publications from EBSCOhost, Google Scholar, SciVerse, SA ePublications, and Scopus, after which the researcher reviewed

cited papers in retrieved articles until the strategy had been exhausted. Initially, abstracts and titles were assessed for relevance. Thereafter, the researcher retrieved full-text versions of potentially eligible papers. This was followed by a hand search of non-indexed publications in electronic databases that seemed to answer the research questions of social worker risk and DSW resilience. Personal communications with researchers or experts on the subject to identify possible sources of information also assisted the researcher in identifying possible sources of information that pertained to the aim of the study informing this manuscript.

### **Quality appraisal**

In the process of reviewing research studies and assessing which studies to include in, or exclude from, this qualitative research synthesis, the researcher considered the ethics, trustworthiness, findings, and aim of studies, ensuring that only high-quality studies that related to the aim of the study were selected (Dawson *et al.*, 2012). Therefore, in order to make such revisions, the researcher used the “Qualitative Research Quality Checklist” (QRQC) developed by Saini and Shlonsky (2012:169), which consisted of 25 questions that facilitated the process of assessing aspects such as ethics, data analysis, and so forth. Following these revisions, 41 studies answering the first question of risks in social work were included. All 41 studies answering this first question of social worker risk were selected for the synthesis.<sup>2</sup>

Initially, 13 studies answering the second question pertaining to DSW resilience were selected. Three empirical studies focused on DSW resilience were included, although one study (Kearns & McArdle, 2012) only had three participants; the researcher, nonetheless, included this study once she could not identify any more empirical studies exploring resilience in DSWs. One literature

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<sup>2</sup> Answering the question of social work risks did not focus merely on DSW risk-related studies, since a number of these studies either did not clarify the type of social work setting in which the participants were employed or their participants included designated and other types of social workers. Out of this broader synthesis of social work risks, it was observed that (although all social workers were at risk) a few studies and authors highlighted the risks specifically within DSW.

review of social worker resilience was also included (Carson *et al.*, 2011). With regard to the question of DSW resilience, the researcher eliminated four studies that focused on the resilience of social work service users. Also, five studies pertaining to the resilience of clinical, health, or any non-designated social workers who were not directly involved in child protection services, but who also worked towards the best interests of children in need of care and protection, were also eliminated, given that the focus of the study was on DSWs. For the second question, only four studies were, thus, selected for this qualitative research synthesis.

### **Data extraction and synthesis**

Each paper selected for this qualitative research synthesis (See Table in Appendix 2) was subjected to data extraction. Both quantitative and qualitative research studies were included (Flemming, 2009; Suri, 2011) as well as literature reviews and grey literature. Since both quantitative and qualitative studies were included in this qualitative research synthesis, it is important to note that the findings of quantitative studies were treated as qualitative data, in that these were not statistically meta-analysed, but rather reviewed for content that answered the two research questions of this manuscript (Flemming, 2009). The researcher not only described and interpreted the findings of the selected studies; she also made connections among them by formulating themes that responded to the questions of social worker risk and DSW resilience (Suri, 2011). Data from media reports were extracted from the entire report, and data from literature reviews were extracted from the “introduction”, “discussion”, and “conclusion” sections.

The researcher used an iterative process of inductive content analysis to analyse the included publications with the aim of answering the two research questions (Delpont & De Vos, 2005). She immersed herself in the studies and then engaged in inductive content analysis, through

which relevant data (that is, data that offered answers to either question) were closely examined, coded, categorised, combined, separated, compared, and united in different emerging themes (De Vos, 2005; Flemming, 2009). As relevant themes answering the research questions emerged from the data analysis process, the two independent peer reviewers independently scrutinised extracted data and commented critically on emerging themes.

## **RESULTS**

A qualitative research synthesis of studies on social worker risk and DSW resilience facilitated the emergence of four themes explaining the risks to which social workers are exposed and how resilience in DSW is conceptualised. The themes included: social work as a risk-laden profession, emphasis on the risks inherent in DSW, an inadequate understanding of DSW resilience, and Western-saturated explanations of DSW resilience.

### **The risk-laden nature of social work**

Studies focused on social workers afford overwhelming evidence that these professionals are no strangers to adversity: they lead risk-saturated working lives. The risks reported among social workers worldwide include excessive workload and staff shortages, exposure to violence and aggression, inadequate occupational support, high levels of stress, high presence and risk of burnout, prevalence of depression, the risk of secondary traumatic stress (STS), and compassion fatigue (CF) (Benjamin, 2007; Child Welfare South Africa, 2009; Gibbs, 2001; Lonne, 2008; Maposa, 2006; Tham, 2006). A more detailed description of each follows.

#### *Excessive workload and staff shortages*

Workload and staff shortages are interwoven: inadequate staffing leaves remaining social workers overworked and burdened (Baldauf, 2007; Byrne, 2006; Coffey *et al.*, 2004; Collings &

Murray, 1996; Domino, 2008; Jones, 2001; Kasiram, 2009; Lloyd *et al.*, 2002; Morris, 2005; Regehr *et al.*, 2004; Stanley *et al.*, 2007; Storey & Billingham, 2001).

*The dearth of social workers internationally*

The shortage of social workers was a leading theme reported in media sources, yet only identified as a risk factor in one empirical research study (Gibbs, 2001). Gibbs (2001:332) commented that the “high attrition and turn-over rates of child protection social workers” in Australia would have vast ramifications for children in need of care and protection. Countries such as America, New Zealand, Australia, and the United Kingdom conveyed having too few social workers (BBC News, 2009; Department of Labour, Te Tari Mahi, 2005; Lonne, 2008; NASW, 2010). In New Zealand, social work has been declared a skills shortage (Department of Labour, Te Tari Mahi, 2005).

In countries such as America, attention has been drawn to the inadequate number of social work students qualifying annually, while the incidence of social problems, requiring the direct intervention of social workers, continues to rise. This lack of qualified and qualifying social workers is detrimental to social ecologies (Gibbs, 2001; Law, 2011). The serious consequences of children possibly dying when social workers do not intervene (as a result of heavy workloads) prompted the 2011 Cardiff council meeting in the United Kingdom to conclude that “... revelations that social workers fear ‘unmanageable’ caseloads could result in a child’s death” (Law, 2011). Although this may have only been an anticipated fear of social workers, in some instances, children in need of care and protection have died due to inadequate social work intervention (BBC News, 2009; Beckett, 2007).

### *The dearth of social workers nationally*

The shortage of social workers in South Africa was highlighted by Child Welfare South Africa's response to (unidentified) media reports on poor performance by social workers: "Where there have been delays in cases being taken to court, it is linked to challenges such as staff shortage, staff turnover ... On average the social workers in this organization have a caseload of 200 cases at a time, due to the critical shortage of social workers in South Africa" (Child Welfare South Africa, 2009). In 2007, the need for 16 000 additional social workers in South Africa was predicted (Benjamin, 2007); yet, in 2009, only 8 942 social workers were registered, with 5 323 people to one South African social worker (South Africa Survey, 2010). In 2010, the number of social workers needed in South Africa increased to 66 300, the same year that social work in South Africa was referred to as a "scarce skill" (Liptak, 2010). Nevertheless, in 2010, a mere 15 214 registered social workers were employed in the governmental and non-governmental (NGO) sector, with 3 286 people to one social worker (South Africa Survey, 2011). In 2011, more scholarships were provided to social work students, emphasising the desperate need for additional social workers (Hweshe, 2011).

The aforementioned crisis is aggravated by the fact that South African social workers employed by non-government organisations (NGOs) earn much less than those working for the government (Department of Labour, 2008). Even though social workers from these sectors perform the same tasks, government-employed social workers earn 37% more than those employed by NGOs (Viljoen, 2009). Consequently, NGOs struggle to retain competent social workers, and the large communities that these NGOs serve suffer neglect (Viljoen, 2009).

When looking at the socio-economic problems in South Africa, the shortage of social workers may be regarded a catastrophe. The National Institute of Race Relations reported 11 012 059

beneficiaries of child support grants in 2011 (South Africa Survey, 2010), underlining the poverty in which many South Africans live. Furthermore, 5 577 812 South Africans (including children) were living with HIV/Aids in 2011 (South Africa Survey, 2011), and by 2015, 5 700 000 South African children will lose one or both parents (Holborn & Eddy, 2011). Increasing incidence of child-headed households and children needing foster care placements are associated with the aforementioned, implying the growing need for direct social work intervention. The gravity of this problem is underscored by not only the critical services that social workers render, but also the occasional fatal outcome (as in non-South-African countries) when social workers deliver poor-quality services (Narain, 2011; Tempelhoff, 2006).

#### *Exposure to violence and aggression*

During the data extraction process, it was noted that the risk of social-work-directed violence and aggression was found primarily in studies and reviews where DSWs were the focus of discussion. For example, in the review by Goddard and Hunt (2011:428), the necessity to “examine the totality of violence in many serious child protection cases, and the impact of that violence on the child protection worker” was highlighted. Goddard and Hunt (2011:428) further concluded that child protection workers were often subjected to threats of violence or “actual violence”. While on the job, social workers are exposed and subjected to assault, threats, and aggression (Beckett, 2007; Gibbs, 2001; Storey & Billingham, 2001; Tham, 2006). Not only is the personal safety of social workers jeopardised, but many social workers also feel intimidated and anxious, which discourages self-esteem and places them at risk of poor decision-making (Cornille & Meyers, 1999; Green *et al.*, 2003; Littlechild, 2003; Storey & Billingham, 2001; Tham, 2006).

Poor decision-making will not only affect the service user, but will, inevitably, also increase the stress levels of the social worker. The reality of the fear that social workers endure on a consistent basis was documented by Green *et al.* (2003), who interviewed 23 Australian social workers: “My work mostly relates to a client group where violence and harassment is pretty much part of the work ... mostly emotional and mental abuse and verbal harassment. While there is a threat of physical violence, this is far less threatening to me than these other forms of violence which I face on a daily basis” (Unidentified participant, Green *et al.*, 2003:100). The reality of social workers being exposed to violence and aggression was well documented by the study of Cornille and Meyers (1999:22), who reported that 78% of child protection service workers in their study “experienced direct trauma in the line of duty ... being assaulted or threatened by a client while on the job”.

#### *Inadequate occupational support for social workers*

Occupational support, in the social work profession, refers to emotional, educational, and administrative care provided by social work supervisors and management to social workers (Botha, 2002). A lack of such support and other problems related to occupational support are regarded as serious risk factors that have been observed in many studies of social workers (Bennett *et al.*, 1993; Collings & Murray, 1996; Gibbs, 2001; Jones, 2001; Littlechild, 2003; Lloyd *et al.*, 2002; Siebert, 2004; Storey & Billingham, 2001). Respondents in some of these studies described social work supervision as being neglected: “Interviewees also complained that professional support and concern had largely disappeared from their workplaces and that divisions with management were more stark. They did not feel cared for and many times I was told of the battles that social workers had had to fight to secure some minimal protection when

they went out on home visits such as mobile phones (bearing in mind the increase in violence against social workers” (Jones, 2001:552).

Accordingly, inadequate occupational support potentially places social workers at risk of high levels of stress and personal danger. Likewise, Gibbs (2001) reported that many of the child protection social workers interviewed in her study regarded the research interview as one of the first opportunities to debrief, confirming the neglect of occupational support. However, Regehr *et al.* (2004) found that distress in social workers was not drastically reduced when organisational support was provided. Perhaps this contradictory finding suggests that occupational support could be more meaningful to some social workers than others.

#### *High levels of stress among social workers*

Studies exploring risk factors in the social work profession found work-related preparations, the pressure to realise work goals, the employer, the physical environment of the workplace, the public image of social workers, and the lack of opportunities to develop to be contributing factors to the high levels of stress among social workers (Collings & Murray, 1996; Jones, 2001; Morris, 2005; Storey & Billingham, 2001). Social workers in these studies took time off work due to work-related stress and, subsequently, experienced emotional and physical fatigue. The potential outcome of high stress levels in social workers is ineffective service delivery because overstressed social workers will regard decision-making as less important (Morris, 2005). Furthermore, when social workers are struggling to concentrate and distinguish new information, they also make decisions too quickly and are less proactive (Morris, 2005). Paying attention to the stress of social workers was deemed a priority by, among others, Collings and Murray (1996:375), who stated that “stress amongst social workers is an important issue, not only

because of lowered general wellbeing in sufferers, but also because a stressed workforce can reduce the efficacy of service delivery”.

#### *The presence and risk of burnout among social workers*

Studies support the fact that many social workers suffer from moderate to high levels of burnout (Bhana & Haffejee, 1996; Domino, 2008; Kim *et al.*, 2011; Steed & Bicknell, 2001; Stevens & Higgins, 2002; Yurur & Sarikaya, 2012). Burnout may be ascribed to factors such as work overload, role ambiguity, and role conflict. Lloyd *et al.*'s (2002) literature review found evidence in other empirical studies that burnout in social workers was a result of the inconsistency between social work ideals and actual social work. This implies the possible ill-preparation of social work students. Correspondingly, Byrne (2006:139) reported that direct-service social workers who were “younger ... and [those] employed for a longer time in the Department” were at greater risk of burnout. The detrimental impact of burnout on the physical health of sampled social workers was confirmed by Kim *et al.* (2011), who found a “greater decline in overall physical health over a one year period” among burnt-out social workers (Kim *et al.*, 2011:264). This, in turn, was reported to potentially affect service delivery.

Dissimilar to the above findings is the study of Conrad and Kellar-Guenther (2006). They found that American child protection staff were at a very low risk of burnout. One explanation of this unexpected finding (low burnout rates) is that many of these child protection staff resigned when they recognised that they were burning out (Conrad & Kellar-Guenther, 2006).

#### *Prevalence of depression*

Social workers in the United Kingdom (Stanley *et al.*, 2007) have been identified as vulnerable to developing depression. Social workers interviewed by Stanley *et al.* (2007) explained the cause of their depression: “The sheer volume of demand. Trying to be all things to all people”

(Unidentified participant, Stanley *et al.*, 2007:287) and “there was a huge pressure of turnaround and lack of resources, no control over workload. It was relentless” (Unidentified participant, Stanley *et al.*, 2007:287). A third explanation drew attention to the depressing realities of DSW (Stanley *et al.*, 2007:287): “I was working in a childcare team where I was surrounded by clients’ unhappiness and everybody’s failures – very little positive change ... I can’t be part of this abusive system working very hard to keep children with their birth families, knowing they would be damaged but less than in care, it’s too upsetting.” In contrast, Siebert (2004) reported that 40% of the sampled 751 American social workers claimed to have *never* experienced depression. However, 20% of these American social workers reported using antidepressants at the time of the study, 46% admitted to earlier experiences of depression, and 16% had seriously considered suicide.

*The risk of secondary traumatic stress (STS) and compassion fatigue (CF) among social workers*

Compassion fatigue is regarded as synonymous with secondary traumatic stress and is defined as “an expected outcome of caring between two people, when one person is affected by the other person’s trauma” (Figley, 1995:11-15). The general human population is usually exposed to traumatic events; yet the specific communities to which social workers render services experience higher levels of trauma (Bride, 2007), thereby placing social workers at a greater risk of developing STS. Bride (2007:65) found that involuntary “intrusive thoughts” relating “to work with traumatized clients” were repeatedly reported among sampled American social workers. Social workers in Namibia were also identified as experiencing poor well-being as a result of STS (Perstling, 2012).

### **Emphasis on the risks inherent in DSW**

“Family and child welfare social work is noted by social scientists and social work researchers as one of the most, if not the most, challenging public social work role” (Byrne, 2006:1). Russ *et al.* (2009:325) and Gibbs (2001:324) remarked that “statutory child protection is inherently difficult, complex and stressful work”. Although all types of social workers are at risk, some authors seemed especially attentive to the risks of DSW.

The problem of retaining DSWs in Australia, for instance, was associated with “adverse experiences of staff”, which the literature ascribed to risk factors such as “work stress, trauma and vicarious traumatization” (Russ *et al.*, 2009:327-328). Further studies in the United Kingdom (Coffey *et al.*, 2004) and Australia (Green *et al.*, 2003) reported that social workers in child protection services were absent from work more frequently, suffered from the poorest well-being, and were more at risk of work-related harassment and violence than other social workers. Exposure to violence and aggression was reported *mainly* in studies pertaining to DSWs, implying that this particular type of social work is a seemingly unsafe profession that places the lives of DSWs in danger. Gibbs (2001:324) underlined “high attrition rates, low job satisfaction and high levels of stress” among “front-line workers”. The stress experienced in DSW seems to be due to the intricacy of the work, placing DSWs in situations where they will unavoidably make mistakes that they fear may result in the death of a child (Munro, 1996).

Beckett (2007) confirmed this intricacy: “[DSWs are] not only expected to respond to specific incidents of child abuse and neglect, but also to anticipate and prevent serious harm being done to children” (Beckett, 2007:5). Furthermore, Collins (2008:1173-1174) summarised the particularly taxing nature of DSW: “Social work is a demanding job, in which individuals often

work within statutory organizations that are subject to frequent changes in policies and practices, with severe limitations of resources.”

Munro (1996:795) described DSW as particularly stressful because DSW actions change children’s lives: “Despite the limited knowledge base [of child abuse/neglect cases], [child protection] social workers have to make decisions and act. They have to guess at the underlying picture and make judgements about the safety of the children involved. The reality of their statutory responsibilities means they are not allowed the luxury of unlimited time and resources to investigate and reflect ... The need for speed is another constraint. A quick response [from a child protection social worker] is desirable, particularly in deciding whether the child may be at such grave risk that urgent action is needed to protect them”. In their literature review, Russ *et al.* (2009) commented that as a result of these risk factors social workers could no longer continue working in child protection. Also, in the United Kingdom (Bennett *et al.*, 1993), social workers employed in child-care services were found to experience higher levels of stress, contributing to the tendency of social workers leaving the child protection sector to work in different social work divisions. In Sweden, high staff turnover and problems related to recruiting new social workers were mostly evident in child welfare (Tham, 2006).

### **An inadequate understanding of DSW resilience**

“Exploring conditions that foster worker resilience ... remains to be done thoroughly with respect to social work” (Carson *et al.*, 2011:270). To date, the researcher identified only three empirical non-South-African studies exploring DSW resilience: two of these studies were concerned with DSW resilience (Byrne, 2006; Kearns & McArdle, 2012), and one other study was concerned with social worker resilience, which included DSW and other non-designated social work participants (Amrani-Cohen, 1998). No study of South African social worker or, specifically,

DSW resilience could be located. This is alarming, given the multitude of risks with which social workers in South Africa are confronted and because of the important role that DSWs play in protecting children via statutory services. Studies that *did* explore the resilience of DSWs offered a limited explanation of DSW resilience in that they isolated traits, skills, and/or resources, rather than offering a process-oriented or collaborative understanding of resilience, as is the trend in recent resilience studies globally (Ungar, 2011, 2012; and others) and locally (Theron & Theron, 2010). Amrani-Cohen (1998) concluded that social support, problem-solving skills, a sense of professional purpose or mission, receiving recognition for talent or skill, and a sense of self-efficacy contributed to the resilience of American and Israeli social workers. Furthermore, among the Israeli and American social workers, those social workers who were older and who held a higher education were more resilient (Amrani-Cohen, 1998). Israeli social workers who remained in their job longer had higher levels of resilience; American social workers showed higher levels of resilience when they had higher levels of independence in their job (Amrani-Cohen, 1998).

In a more recent study (that is, Kearns & McArdle, 2012), the resilience of three newly qualified British statutory social workers was explored through storytelling and reflexive dyadic interviews. The focus was on the story of their “transition from university to the workplace” (Kearns & McArdle, 2012:385-389). The findings confirmed the protective influence of supportive management and a sense of secure belonging. For example, a participant named Bob related: “I think my team, certainly my manager’s very careful to protect me before pushing me to that next level ... I think the amount of work they give you is the amount you can cope with ...” (Kearns & McArdle, 2012:390). Participants also related that experiences of mastery nurtured self-efficacy and optimism. Elizabeth, another participant, said: “It’s just seeing the

difference that social work can make because you hear so much in the papers ... a lot of it is negative but seeing you can actually make a difference ... and others around you recognize it” (Kearns & McArdle, 2012:390). What further protected these newly qualified statutory social workers was that they participated in continuous professional development and chose to view challenges as opportunities (Kearns & McArdle, 2012).

Byrne (2006) examined how the resilience of American direct-service social workers was influenced when they used the strength-based service planning approach in child protection work. The findings revealed, among others aspects, that “those who are mature ... older, female ... and particularly those with a formal social work academic background” were inclined towards self-efficacy, which Byrne (2006:138) related to “personal resilience”. Direct-service social workers “who lived in households with others and those with higher education degrees” reportedly experienced enhanced resilience (Byrne, 2006:141). Furthermore, the role of culture, personal trauma, learning from clients how they adjusted well to their personal adversities, and work experience (which taught social workers to “practice wisdom, learned empathy and satisfaction with any positive change”) were reported to enhance social worker resilience (Byrne, 2006:145-147). Some personal characteristics (that is, the belief in people and having compassion for others) were considered to influence service social worker resilience (Byrne, 2006).

In summary, although these studies did offer some insight into the resilience of DSWs (that is, by listing the resources associated with their resilience), they fell short of explaining *how* DSWs and their socio-cultural ecologies employed the identified protective resources (both innate and environmental) to encourage resilience. Instead, they offered a person-focused explanation of resilience (for example, mature, female, educated social workers adjusted well to challenges).

Furthermore, the study of resilience in newly qualified British statutory social workers focused on how they adjusted well to risks within the context of progressing from being a student to being a qualified statutory social worker (Kearns & McArdle, 2012).

### **Western-saturated explanations of DSW resilience**

The three sourced studies engaged non-African study participants. Amrani-Cohen (1998) worked with American and Israeli DSWs and social workers, Byrne (2006) interviewed American direct-service social workers, and Kearns and McArdle (2012) sampled newly qualified British statutory social workers. There was passing reference to culture, in the form of beliefs and values, informing the way DSWs related to clients and sharing the preferred language of service users (Byrne, 2006). Although Byrne (2006) mentioned religion as a source of DSW resilience, elaboration on this was not provided. Religion was not mentioned in either of the other two DSW studies. Furthermore, none of the studies that the researcher could source on DSW resilience to develop a deeper understanding of South African DSW resilience reflected African, Africentric, Afrikaner, or any other culture relevant to South Africa in their explanations of DSW resilience. Given that researchers now accept that resilience is nuanced by the cultural context in which people co-transact towards positive adjustment, an understanding of South African DSW resilience is incomplete without reference to how the cultural beliefs, values, traditions, practices, and approaches inform their resilience (Rogoff, 2003).

## DISCUSSION

A qualitative research synthesis of literature reporting social worker risks offers unambiguous evidence that all social workers, including DSWs, are at risk and that the risks they face are compound. Moreover, this research synthesis draws attention to the situation of DSWs, which possibly heightens their vulnerability to negative health outcomes and the chances of poor service delivery. Enhancing resilience in DSWs is urgent business, given the risk-saturated nature of their profession and the vital role they fulfil in protecting children (Children's Act, Act 38 of 2005; Collins, 2007; Gibbs, 2001; Green *et al.*, 2003; Littlechild, 2003).

However, the enhancement of resilience in South African DSWs is currently restrained due to the limited understanding of South African DSW resilience. Although studies have explored resilience in non-South-African DSWs (Amrani-Cohen, 1998; Byrne, 2006; Kearns & McArdle, 2012), a more recent understanding that resilience varies across groups and cultures cautions against blind application of what has been learnt about resilient DSWs in other countries (that is, Western-saturated conceptualisations) to South African DSWs (Masten & Wright, 2010; Ungar, 2011).

Moreover, given recent social ecological understandings of resilience as a give-and-take process that is strongly influenced by the socio-cultural context in which individual are embedded (Ungar, 2013), conceptualisation of DSW resilience as a list of resilience-promoting resources is inadequate, not least because it offers societies opportunity to judge DSWs who "fail" to be resilient (Ungar, 2011). The list of protective resources (such as higher education, perseverance, religion, and social support) implies that the onus is on DSWs to develop these qualities, competencies, or habits, rather than on social ecologies to collaborate with social workers towards making health-promoting resources accessible, usable, and relevant.

Negative consequences, for DSWs and their service users, will probably follow if the social ecology fails to support DSWs towards positive adjustment. It is, therefore, imperative that the person-focused, Western-biased understanding of resilience in DSWs be addressed by initiating empirical research that explores *processes* of resilience in resilient South African DSWs. To promote resilience in DSWs, DSW resilience must, firstly, be deeply understood (Masten & Wright, 2010). Furthermore, given the specific role of DSWs protecting the constitutional rights of children by means of statutory child protection work, as mentioned initially, and the attention drawn (by some authors) to the dangerous work situations of DSWs, the researcher recommends that the resilience processes in this specific group of South African social workers be explored. Understanding the social ecologically supported processes of resilience as lived by resilient South African DSWs and exploring such processes in depth may potentially assist supervisors of South African DSWs in supporting these DSWs to adapt to their demanding profession. Improved service delivery will likely follow as a result. A logical next step, then, is to conduct empirical studies that allow exploration of resilience among resilient South African DSWs.

#### **LIMITATIONS OF THE STUDY**

The researcher acknowledges that the publications on which she drew are likely incomplete, even though she sampled until she reached data saturation. The researcher also acknowledges that the exclusion of studies/information in languages other than English meant that she might have missed alternative conceptualisations of social worker resilience. This implies that her sampling was biased, and so the findings reported above may need to be interpreted circumspectly.

## RECOMMENDATIONS

What flows clearly from this qualitative research synthesis is the need for a South African study aimed at gaining a rich understanding of the resilience processes of South African DSWs. To obtain such a rich understanding, a qualitative study with a cohort of resilient South African DSWs is implied (Creswell, 2009). However, since it is understood that resilience is nuanced by local contexts and cultures, such an empirical study must be prefaced by an exploration of local understandings of DSW resilience (Masten & Wright, 2010; Ungar, 2011). It would be unwise to assume that indicators of resilience flowing from non-African studies could be used to recruit resilient South African DSWs (Ungar, 2011), and even if the cultural relativity of resilience were to be ignored, the current conceptualisation of social worker resilience, as portrayed in only three published studies, is too thin to support recruitment of resilient DSWs.

The constitution of an advisory panel (AP) could, therefore, be the starting point of such a proposed empirical study, as was previously used by local (for example, Theron *et al.*, 2013) and international (for example, Didkowsky *et al.*, 2010; Ungar & Liebenberg, 2011) resilience-focused researchers. In brief, an AP is a group of individuals, knowledgeable about resilience, particularly as understood in local contexts and evidenced by the participants that a research study is targeting. This group guides researcher understanding of what positive adjustment might mean in the context of the targeted participants and directs conceptualisation of the indicators of resilience for the same participants. In this current case, then, the AP would need to have an understanding of South African DSW and of the processes that encourage resilience in South African DSWs and should, ideally, therefore, consist of local, experienced DSWs and/or relevant experts (such as respected academics in the field of social work and resilience). Once the formulation of an AP has been established, the professional understanding and perspectives

of these AP members would be used to generate a working definition of resilience and formulate indicators of resilience in resilient South African DSWs. This, in turn, would enable the identification and recruitment of resilient South African DSWs to facilitate an exploration of what enables their resilience.

## **CONCLUSION**

The study informing this manuscript not only demonstrates the critical services that social workers (particularly DSWs) render, globally and locally, but also the risk-filled context in which this takes place and the potential detrimental consequences when social workers are not supported to surmount these risks. As suggested, supporting DSWs towards enhanced resilience should encourage DSWs to adapt positively to their risk-saturated profession, concomitantly benefitting the societies that DSWs serve. Therefore, understanding their resilience becomes crucial, with special emphasis on developing a rich understanding of the complex, culturally sensitive processes integral to such positive adjustment.

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## **PREFACE**

The following manuscript “*Indicators of Resilience in Resilient South African Designated Social Workers: Professional Perspectives*” will answer the following secondary research question: “*What are the indicators of resilience in resilient South African DSWs?*”

## **MANUSCRIPT TWO**

**Indicators of resilience in resilient South African Designated Social Workers:**

**Professional Perspectives**

*Prepared for submission to Journal:*

**THE SOCIAL WORK PRACTITIONER-RESEARCHER**

# **GUIDELINES FOR AUTHORS: THE SOCIAL WORK PRACTITIONER- RESEARCHER**

**The Social Work Practitioner-Researcher**

**Die Maatskaplikewerk Navorsing-Praktisyn**

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**Author Guidelines**

**Editorial Scope**

The Social Work Practitioner-Researcher is a refereed interdisciplinary journal for social workers and social service professionals concerned with the advancement of the theory and practice of social work and social development in Africa and in a changing global world. The purpose of the journal is to promote research and innovation in the practice of helping individuals, families, groups, organisations and communities to promote development and human well-being in society. The journal is committed to the creation of empowered, humane, just and democratic societies.

Manuscripts that would be appropriate are: (1) conceptual analyses and theoretical presentations, (2) literature reviews that provide new insights or new research questions, (3) manuscripts that report empirical work. Topics that will be considered include, but are not limited to, the

following: lifespan, populations at risk, poverty, livelihoods, anti-discriminatory practice, welfare systems, development management, social security, social policy, human rights, community-based development, social development, comparative health, mental health, education, urban and rural development, civic service, voluntarism, civil society, social movements and social change.

As it is the intention of this journal to maintain a balance between theory and practice, contributors are encouraged to spell out the practical implications of their work for those involved in social work practice and the social services in the African context.

### **Presentation**

1. Manuscripts should be submitted as electronic attachments to the journal administrator [swjournal@uj.ac.za](mailto:swjournal@uj.ac.za) in Word format. All authors should be shown but the authors should not be identified anywhere in the article.
2. A minimum length of 3 500 words and a maximum length of 5 000 words (excluding references). No footnotes, endnotes and annexures are allowed.
3. On a separate page, a title of not more than ten words should be provided. The author's full name and title, position, institutional affiliation and e-mail address should be supplied.
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Boult, B.E. (1998). "Adoption" in Bezuidenhout, F.J. (Ed.). A Reader in Selected Social Issues Pretoria: van Schaik Publishers, Second Edition, 41-52.

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Mda, C. J. (2004). "Population ageing and survival challenges in rural Ghana" Journal of Social Development in Africa 19(2):90-112.

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Louisiana State Board of Social Work Examiners. (1998). "Guidelines for Child Custody Evaluations", <http://www.labswe.org/child.htm> (Accessed on 23/08/2006).

## 8. Content:

Manuscripts should contribute to knowledge development in social work, social welfare or related professions and the practice implications of the research should be spelled out. Sufficient and appropriate recent literature should be cited. Where the study is based on empirical research, the research design and methodology, results, discussion and conclusion should be addressed.

All manuscripts should locate the issue within its social context and the conceptual and theoretical framework informing the study should be clearly outlined.

## **ABSTRACT**

Designated social workers (DSWs), also known as child protection or statutory social workers, are placed at risk of suboptimal personal and professional functioning, given the demanding nature of their work. Consequently, there is worldwide agreement that social worker and particularly DSW resilience, should be explored. Empirical research about resilience processes in South African DSWs has, however, been neglected. Since resilience is culture- and context-specific, exploration of South African DSW resilience is necessitated. In order to explore their resilience, given the lack of informative literature, it is essential to recruit resilient South African DSWs. Drawing on a qualitative study, this manuscript theorises what resilience in resilient South African DSWs entails, as perceived by an advisory panel. These hypothesised indicators lay the groundwork for recruiting resilient South African DSWs to participate in continued empirical research to enhance understandings of their resilience, with cautious application to DSWs in similar contexts.

**Keywords:** indicators, resilience processes, South African, designated social workers, risk, advisory panel

## **INTRODUCTION**

Social workers play an important role in addressing the needs of vulnerable groups in society, including vulnerable children. Section 28(1) (d) of the Constitution of the Republic of South Africa clearly stipulates the right of children to be protected “from maltreatment, neglect, abuse, or degradation”. As in other countries, South Africa tasks social workers with the statutory duty to enforce this right of children and calls these social workers “designated social workers” (DSWs). Direct-service social workers, statutory social workers, children and family workers, case workers, front-line workers, and child protection social workers are some of the other labels given to social workers with the statutory mandate to protect children (by means of statutory intervention) against abuse or neglect (Beckett, 2007; Bradbury-Jones, 2013; Department of Labour, Te Tari Mahi, 2005; Green et al., 2003; Kearns & McArdle, 2012; Russ et al., 2009). For the purpose of this manuscript, the term DSW will be used.

The positive functioning of DSWs is, however, threatened by several risk factors inherent in this profession (Baldauf, 2007; Green et al., 2003; Jones, 2001). These risks include excessive workload and staff shortages, exposure to violence and aggression, inadequate occupational support, high levels of stress, burnout, depression, secondary traumatic stress, and compassion fatigue (BBC News, 2009; Beckett, 2007; Byrne, 2006; Collings & Murray, 1996; Green et al., 2003; Jones, 2001; Regehr et al., 2004; Stanley et al., 2007; Yurur & Sarikaya, 2012). Globally, a concern for the adverse position of DSWs has stimulated researchers to pronounce DSWs to be in jeopardy for several negative health outcomes (Bennett et al., 1993; Bradbury-Jones, 2013; Coffey et al., 2004; Green et al., 2003; Russ et al., 2009; Tham, 2006). As a result, there have been calls for the enhancement of DSW resilience to ensure positive adaptation to threatening work environments (Green et al., 2003; Kearns & McArdle, 2012).

Resilience refers to the dynamic and mutual interaction between an individual (confronted by adversity) and his or her environment and ensuing positive adjustment, in spite of adversity (Ungar 2012, 2013). Such mutually beneficial interaction is influenced by not only context, but time and culture too (Ungar, 2012), and relies on complex processes (as discussed later). Although there is deep understanding of resilience processes, in general, there is little understanding of resilience processes in DSWs. There are two empirical, non-South-African studies explaining DSW resilience (Byrne, 2006; Kearns & McArdle, 2012) and one other empirical study also concerned with social worker resilience, but this study's participants included DSWs *and* other non-designated social workers (Amrani-Cohen, 1998). Nonetheless, there are no empirical studies investigating resilience in resilient South African DSWs. There are studies reporting social worker coping (Acker, 2010; Collins, 2008; Domino, 2008), but coping and resilience are not synonymous concepts (Rutter, 2012). One study investigated resilience in South African social work *students* (Smith & Drower, 2008) and the perceptions that these South-African social work students had about social worker and social work service users' resilience (Smith & Drower, 2008). What these studies teach about resilience in the social work profession is detailed in subsequent parts of this manuscript.

The fact that only three studies, as yet, have explored DSW resilience (Amrani-Cohen, 1998; Byrne, 2006; Kearns & McArdle, 2012) and only two have investigated resilience in social work students (Kinman & Grant, 2010; Smith & Drower, 2008) highlights that very little is known about DSW resilience and nothing about *South African* DSW resilience. This deficit challenges the promotion of resilience in South African DSWs. In order to address this, empirical research that offers an understanding of South African DSW resilience is paramount. To begin to understand how and why some South African DSWs adjust positively to the risk at

which their profession places them, it would be necessary to engage with resilient South African DSWs.

Thus, ahead of conducting such empirical research, an understanding of South African DSW resilience must be developed, as the identification and recruitment of resilient South African DSWs will be difficult without knowing what sets them apart from non-resilient South African DSWs. The purpose of the study informing this manuscript, therefore, is to report on the processes in which resilient South African DSWs engage, as observed by knowledgeable professionals in practice and in academia, and to propose indicators of resilience in resilient DSWs working in South African contexts. These reported processes offer insight into the positive functioning of South African DSWs and are potentially useful to academics, mental health practitioners, and service providers engaged in researching or nurturing positive functioning in service-orientated professionals.

## **RESILIENCE REVIEWED**

### **Defining resilience**

Although there are certain settings in which no individual can thrive (Masten, 2009), many individuals adapt well despite exposure to adversity that may threaten positive adjustment (Masten, 2001). Such positive adaptation is called resilience. Resilience flows from person-context transactions in which individuals have healthy interdependent relationships with their socio-cultural ecology. A cooperative social ecology is vital to resilience processes, emphasising that an individual alone cannot ensure resilience (Ungar, 2012). As much as an individual needs to bargain for support within this interdependent relationship, positive outcomes are probably unattainable if the socio-cultural ecology does not offer protective systems. Masten and Wright

(2010) conclude that, most typically, protective systems are found in relational networks, opportunities for agency and experiences of success, self-regulation, positive meaning making, intelligence, and cultural and religious practices. Furthermore, resilience is a time-, culture-, and context-bound phenomenon – thus, constantly evolving and implying the need for regular exploration of how people, functioning in contexts of adversity, adjust well and implying that resilience lessons from one period of time and context cannot merely be applied to another (Ungar, 2011).

### **Resilience among DSWs and other caring professionals**

To explain resilience among South African DSWs, the researcher drew heavily on the studies by Amrani-Cohen (1998), Kearns and McArdle (2012) and Byrne (2006), and two studies pertaining to student/trainee social worker resilience – Smith and Drower (2008) and Kinman and Grant (2010). Although a number of earlier studies *commented* on resilient social workers or the need for social workers to be resilient (Gibbs, 2001; Green et al., 2003; Littlechild, 2003), the focus of these studies was not on explaining DSW resilience, and so they are not useful for an explanation of South African DSW resilience. Because studies of resilience in DSWs are scarce, the researcher also briefly comments on what is known about resilience in other caring professions, such as teaching and nursing. Motivation for this inclusion relates to social work being characterised as a caring profession, a profession that “serves those who face adversity” (Gilligan, 2004:93).

In her quantitative study of resilience among 1 100 Israeli and American participants (social workers and DSWs), Amrani-Cohen (1998) isolated a number of factors that could be associated with resilient social workers. She reported that being single elevated resilience and

hypothesised that single social workers were more resilient because married social workers had to cope with double stress demands emanating from family and career life. Amrani-Cohen (1998) related experiences of job mastery to resilience, but noted that support from co-workers and supervisors had *no* constructive impact on the resilience of sampled social workers. Some of her findings were specific to the Israeli participants. In this regard, Amrani-Cohen (1998) noted that female Israeli social workers demonstrated greater resilience than male counterparts, but no explanation for this finding was provided. Also, Israeli social workers who remained in their jobs longer experienced an increased level of resilience (Amrani-Cohen, 1998). Although this study (Amrani-Cohen, 1998) sheds some light on DSWs' resilience, it was conducted pre-21<sup>st</sup> century with DSWs (and non designated social workers) in specific cultural contexts. Given the dynamic and ever-changing nature of resilience (Ungar, 2011), Amrani-Cohen's (1998) study findings have limited usefulness in promoting the understanding of resilience in South African DSWs.

Byrne (2006) conducted mixed-method research with 467 American direct-service social workers, aiming to explore how the use of the strength-based approach in work related to family planning could influence the resilience of these direct-service social workers. In this sense, Byrne (2006) was less interested in explaining the resilience processes of these direct-service social workers and more interested in commenting on how a specific approach to their professional activities was promotive of their resilience or not. Byrne (2006) concluded that an educated background and higher educational qualifications, social workers living with their family, having a sense of humour, religion, having culture in common with clients (for example, speaking the same language), supervisory and peer support, social support (for example, from

own friends and families), and the resilience of clients advanced the resilience of these direct-service social workers (Byrne, 2006).

Most recently (that is, 2012), Kearns and McArdle (2012) published their study of why some DSWs made resilient transitions from being students to being practitioners. To do so, they engaged in a qualitative study with three DSWs who were in their first year of practice in the UK. Kearns and McArdle (2012) concluded that supportive management, a subsequent sense of belonging, self-efficacy, optimism (embedded in reflexivity), and continuous professional development enabled newly qualified DSWs to adjust positively to the risks posed by *the transition from being a student DSW to becoming a qualified DSW*.

In their qualitative study, Kinman and Grant (2010) explored resilience in 240 trainee social work students. They reported that the ability to regulate emotions, reflect on thoughts and feelings, maintain positive relations with peers, family, and friends, and be emotionally intelligent contributed to students' resilience. Similarly, in a qualitative study exploring the perceptions of 18 South African social work students about social worker resilience and the resilience of social work service users, Smith and Drower (2008) reported that these South African students considered the following aspects to be potentially promotive of resilience: individual factors such as personality traits (for example, patience and positive self-regard), community factors (for example, available resources in the community), supportive personal relationships, religion and culture (for example, prayer, performing cultural rituals, and storytelling), and societal factors such as legislation that are supportive of *ubuntu* – “things that are done in a communal and collective manner” (Smith & Drower, 2008:151).

In summary, what is common to these studies is an understanding that DSW and student social worker resilience is rooted in personal strengths (Kearns & McArdle, 2012; Smith &

Drower, 2008), supportive social attachments (Byrne, 2006; Kinman & Grant, 2010; Smith & Drower, 2008), occupational support (Byrne, 2006; Kearns & McArdle, 2012), professional and/or academic development (Amrani-Cohen, 1998; Byrne, 2006; Kearns & McArdle, 2012), reflective abilities (Kearns & McArdle, 2012; Kinman & Grant, 2010), and religion and culture (Byrne, 2006; Smith & Drower, 2008). However, the usefulness of this understanding is limited because of the cultural and contextual relativity of resilience (Ungar, 2011): the above-mentioned studies draw on the understandings of resilient DSWs in developed contexts or on students' perceptions and experiences of resilience that might not necessarily match the context of practising DSWs and, specifically, South African DSW practice.

Similar indicators of resilience were reported in studies of other caring professionals. Among teachers, for example, resilience-enhancing processes included a drive to fulfil an inner purpose of serving others (Gu & Day, 2007; Sumsion, 2004), the ability to ask for help when required, problem-solving skills, and being able to deal with complicated relationships, along with attending to one's own well-being (Castro et al., 2010). Sumsion's study (2004) associated freedom to choose employment positions and organisations with resilience.

Cameron and Brownie (2010) explored resilience in Australian nurses engaged in aged care. Humour, occasion to debrief, long-standing meaningful relationships, and confirmation of nurses' experiences enhanced their resilience. A South African study (Koen, 2010) found that religion, a healthy life style, support from friends and family, being value driven, and optimism enabled South African nurses to adapt positively to adverse working conditions that placed nurses at risk of maladaptive outcomes. Resilience-enhancing processes found among both teachers (Sumsion, 2004) and nurses (Koen, 2010) included ongoing training and education.

How applicable all of the above indicators are to resilient DSWs in South Africa is unclear, primarily because of warnings in the resilience literature not to adopt definitions or indicators of resilience across contexts without first testing their applicability (Bottrell, 2009; Ungar, 2011). Thus, despite this review of the literature, the researcher was left with the following question: what are the indicators of resilience in resilient South African DSWs? To answer this, the researcher engaged in the empirical study described below.

## **METHOD**

The researcher employed a qualitative, phenomenological approach that drew on the professional perspectives of senior social workers (with ample experience in DSW and/or social work) and social work academics regarding what constituted South African DSW resilience (Merriam, 2009). The researcher also sought to understand how these participating professionals had (previously or currently) themselves adapted positively to the persistent challenges of the DSW profession. Qualitative research is not without limitations, as this type of research is based on small samples, making generalisability and representativeness difficult (Sarantakos, 2013). Nonetheless, the researcher considered qualitative research suitable for this study, since the aim was to explore professional perspectives on a phenomenon not yet explored among resilient South African DSWs.

Participants in the study informing this manuscript (see Table i below) constituted an advisory panel (AP). The use of an AP is not uncommon in resilience-focused studies, both globally (Ungar et al., 2007) and in South Africa (Theron & Dunn, 2010). Typically, an AP is comprised of members with a localised understanding of the phenomenon in question (in this

case, expert knowledge of South African DSW and resilience) who can facilitate access to prospective participants (in the subsequent research phase).

The researcher used convenience purposive sampling to initially recruit three AP members (APMs) (Merriam, 2009). The researcher then invited APM3, who had vast access to local DSWs, to recruit additional APMs, using the same criteria. The recruitment criteria included adequate social work and, specifically, DSW experience (see years of experience in Table i) and/or specialised knowledge (either academic or experiential) of resilience. In addition, APMs had to be considered resilient by associates of the local social work community and represent different South African cultural backgrounds, both gender groups, the non-government sector (NGO), and the government sector (Department of Health and Social Development). The researcher adopted these criteria to increase the likelihood that the AP would consist of competent, multiracial, and male and female professionals, who would be able to promote a deeper understanding of South African DSW resilience.

**Table i: Demographics of AP members**

Advisory panel member (APM)	Affiliation	Home language	Gender	Race	Years' experience as a social worker/DSW/academic
APM1	North-West University, Vaal Triangle Campus, Faculty of Humanities, Vanderbijlpark	Afrikaans	Female	White	43 years' experience as an academic and 18 years' work experience as a social worker
APM2	North-West University, Potchefstroom Campus, Faculty of Health Sciences, Potchefstroom	Afrikaans	Male	White	38 years' experience as an academic and three years' work experience as a social worker
APM3	Child Welfare South Africa, Vanderbijlpark	Afrikaans	Female	White	18 years' work experience as a DSW
APM4	Child and Youth Care Centre, Johannesburg	Sotho and English	Female	Black	20 years' work experience as a DSW
APM5	Department of Social Development, Sebokeng	Afrikaans	Female	White	30 years' work experience as a social worker, of which 24 years involved work experience as a DSW
APM6	Department of Social Development, Sebokeng	Tswana	Female	Black	18 years' work experience as a social worker, of which 15 years involved work experience as a DSW
APM7	Department of Social Development, Sebokeng	Afrikaans	Female	White	33 years' work experience as a social worker, of which six years involved work experience as a DSW

## **Procedure**

The researcher invited APMs to participate in a focus group discussion (Merriam, 2009) in October 2011 at the Vaal Triangle Campus of the North-West University. Only four members attended this focus group discussion. APMs divided into dyads to discuss what signified resilience in South African DSWs. This lasted about three hours and was followed by a joint discussion of what members understood resilience in resilient South African DSWs to mean. The researcher facilitated this discussion and audio-recorded it with participant permission. The

discussion was conducted in English, as this was the common language spoken by all, and members were comfortable using English, even though this was not their mother tongue. Once consensus regarding the indicators of resilience in South African DSWs had been reached, each APM was invited to write a narrative that illustrated DSW risk and resilience, based on personal experience or observation (Creswell, 2009).

Since three professionals (APM5, 6, and 7) were unable to attend the first focus group discussion, the researcher convened with them at their work office at a later, more convenient date in October 2011. During this meeting (which was also conducted in English), a detailed synopsis of findings that had emerged from the first focus group discussion was presented to these APMs for their critique. All three APMs agreed with the description and also provided similar written narratives.

Using the AP transcripts and narratives, the researcher synthesised a summative list of potential indicators of South African DSW resilience and sent this summary to each APM, with the request that they each provide critical comments on the emerging understanding of South African DSW resilience. Their comments were confirmatory.

### **Data analysis**

The researcher followed a process of inductive content analysis using a conventional content analysis approach (Hsiu-Fang & Shannon, 2005). The researcher and an independent coder conducted the first round of open and axial coding separately from each other. Two of the six narratives were written in Afrikaans, but because the researcher and independent coder were both fluent in Afrikaans, the original transcripts were used in the analysis. Where excerpts from these transcripts were included in the findings, they were translated by the researcher and subjected to

independent peer verification. The researcher and independent coder convened to review emerging themes and sub-themes, which resulted in some themes being united, other themes being eliminated, and other themes being named differently (Braun & Clarke, 2006).

### **Ethical procedure**

AP focus group discussions were voluntary processes and APMs were neither intimidated to participate in discussions nor to provide written narratives. Informed consent forms were provided to, and signed by, each APM before beginning with these discussions (Strydom, 2005). What was made very clear in these two forms, as well as during focus group discussions, was the purpose of the study and the role of each APM. As a result, deceit of members was avoided (Strydom, 2005).

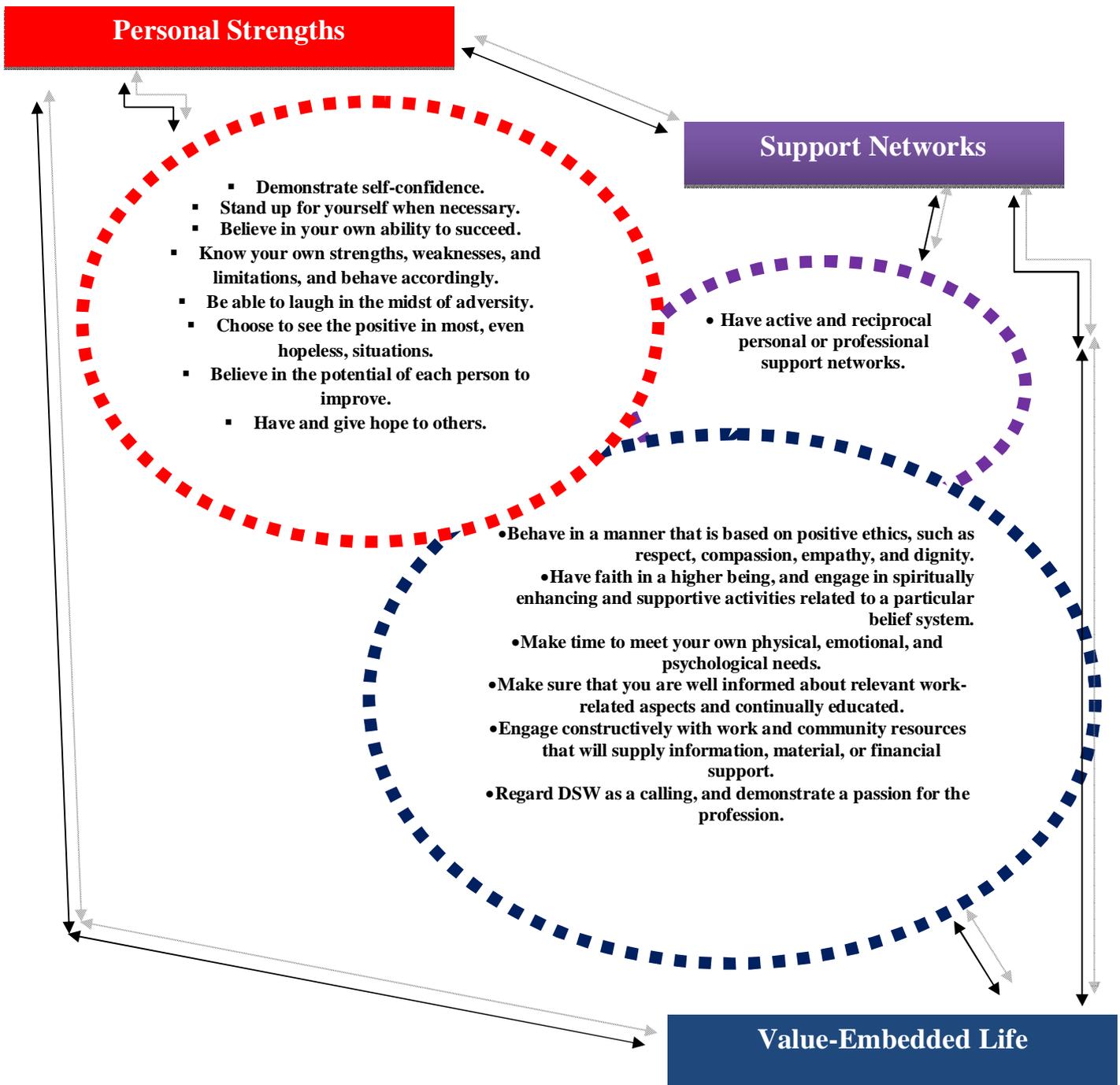
### **Trustworthiness**

The rigour of the study informing this manuscript was heightened by member checks (Lincoln & Guba, 1985), which allowed for the correction of any errors of fact or interpretation. Triangulation of focus group transcripts and written narratives, along with a rich description of the APMs also contributed to the trustworthiness of findings (Lincoln & Guba, 1985). Furthermore, dependability was promoted by engaging an independent coder and by consensus discussions between this coder and the researcher (Lincoln & Guba, 1985).

## **FINDINGS**

A summary, indicating how the APMs of the current study understood and conceptualised indicators of resilience in resilient South African DSWs, is presented in Figure i. According to their professional perspectives, three intertwined protective processes were indicative of South African DSW resilience, namely, a value-embedded life, personal strengths, and support networks. Indicators of resilience in resilient South African DSWs that emerged from these three major themes will be summarised after the findings have been discussed. Firstly, each of these emerging themes and sub-themes will be detailed.

**Figure i: Indicators of resilience in resilient South African DSWs**



## **A support network**

A support network may be defined as a safety net, comprised of a variety of individuals who supply comprehensive support to the person in question. Research data that made reference to support networks emerging from the personal and professional life of the South African DSWs were included in the conceptualisation of this theme. Having a support network was described as playing a significant role in enhancing resilience in South African DSWs. This was clarified during focus group discussions and in nearly all of the personal stories written by APMs. What was explicit was that, for South African DSWs to be considered resilient, they had to not only have access to such support networks, but they had to also engage, actively and constructively, with such networks in order to receive the support or comfort necessary for positive adaptation.

### **Personal network**

Personal networks were comprised of positive relationships with family and friends, with emphasis on the role of supportive families, in nurturing positive adjustment. For example, mention of the encouraging role of a supportive partner was made by APM1, who described her spouse as her "... deepest source of emotional security and well-being". She also referred to the importance of reciprocating and noted that she "invests" (Narrative 1) in this attachment. Likewise, positive adjustment in DSW would also not be possible, according to these members, were it not for friendships: "I can cope with my work because of the support I have of my family, friends and colleagues" (Narrative 4).

## Professional network

Professional supportive networks were essentially conceptualised as the support provided by colleagues and supervisors. There was no prioritisation of support by colleagues as opposed to supervisors, or vice versa. APMs reported that positive support received from colleagues and supervisors enabled them to rebound from frequent adverse working conditions. For example, APM4 reflected: “Instead of wallowing in my corner, because most of the time it is difficult ... I go to my colleagues or my supervisor ... Even if it is a formal arrangement, it is my social support in that setting” (Focus group 1 - FG1). Professional networks were not limited to social workers with similar ethnicities. In her description of a resilient DSW, APM5 wrote: “She has good relationships with either white or black social workers, although she is black” (Narrative 5).

## **Value-embedded life**

Living a value-embedded life may be defined as living a life according to a set of guiding principles. APMs agreed that resilient South African DSWs would live and behave according to a certain set of values. Research data that pertained to lived values were included in the formulation of this theme, including positive ethics, spiritual wellness, measures of self-care, professional stability, and viewing DSW as a calling, not just a job.

## Positive ethics

The AP was adamant that a strong indicator of resilience in a resilient South African DSW was behaviour rooted in values that potentiated treating others well. Doing no, or least, harm was considered a positive ethic (Theron et al., 2011). It included honesty, respect, compassion, openness, and empathy. In this regard, APM4 emphasised the significance of

respecting and affirming oneself: “I practice [sic] the sense of *ubuntu* where I give respect to myself as a person and keep my dignity and integrity” (Narrative 4). The term “*ubuntu*” originates from the Zulu language and refers to the deep “respect and compassion” one has for others and one’s self (Louw, 1997). It symbolises the union of a group, and the dependency of a resource-deficit community on the unity of such a group (Mokgoro, 1997). The AP was unanimous that collectivist values of interdependence and esteem for human life were pivotal to positive ethics.

Ownership was another aspect of positive ethics. It refers to taking responsibility for choices and the consequences of those choices. APMs unequivocally agreed that a resilient South African DSW would be accountable for his or her own thoughts, feelings, and actions, or would “own” these. For example, APM6 commented: “[V]ery important is, whatever happens in your life, it is the choices you make and to take responsibility for that” (Narrative 6). Likewise, APM1 explained: “You take ownership for everything that you, that you think, that you do, that you decide; for your successes, your strengths, but also for your weaknesses and your mistakes” (FG1). It may, thus, be said that resilient South African DSWs have an internal locus of control: taking responsibility for their own lives and not seeking to shift responsibility onto others.

### Spiritual wellness

The AP reported that spiritual wellness was key to promoting DSW resilience. A healthy spiritual life refers to the dependence on, and belief in, a higher being, along with active and regular participation in activities such as prayer, meditation, and worship. The significance of a health-promoting spiritual life is illustrated by APM6, who described the role of religion/faith as

“the most important anchor in life during the good and bad times” (Narrative 6). During the first focus group discussion, members nodded in agreement with APM4’s contention that resilience was linked to spirituality: “We found that resilient people, when things become tough, then they know there is a higher God, or whatever you believe in, and you know you can give those to Him, and He will help” (FG1).

The AP suggested that religious affiliation facilitated additional support in the form of access to networks and supportive activities. For example, APM5 explained how a resilient DSW adjusted positively despite ongoing adversities because of church-based networks and interactions: “She has strong beliefs in God, and practices [sic] it in her daily life, she is also involved in church activities and a women’s group” (Narrative 5).

#### Self-care

The AP considered self-care, which is taking care of oneself, as suggestive of resilience in South African DSWs. APMs described several hobbies and leisure activities, as well as health-promoting activities such as physical exercise, as measures of self-care. Self-care was also regarded as a component of adequate preparation for expected or unexpected challenges.

APM6 explained how enough sleep, for example, contributed to resilience: “A good night’s rest does wonders; to wake up and still appreciate small things in life, that makes you resilient and gives you energy to face the challenges” (Narrative 6). APM1 referred to resilience-enhancing leisure activities of a DSW: “read and play her favourite music, to garden and make her home lovely” (Narrative 1) and noted that such activities encouraged positive adjustment to this stress-filled profession.

## Professional stability

According to the AP, professional stability was achieved by being aware of resources in and around the organisation that could be utilised to reduce the stressful impact of demanding tasks. Furthermore, professional stability was enhanced when DSWs remained well informed and up to date with the latest developments in the profession. APM4 regarded herself as resilient for exactly this reason: “I regard myself to be resilient in that I make sure, that for me to keep abreast, I once in a while prep myself up, make sure that I get informed of new policies, procedures and applicable acts, for me to do my work and thereby uphold professionalism” (Narrative 4).

Significantly, the AP suggested that the resilient DSW would take it on himself or herself to remain informed and educated. A further component of professional stability identified by the AP was that a resilient DSW would not resign and change jobs every three months. A sense of commitment and perseverance was, therefore, implied.

## A calling

Resilient South African DSWs would regard their profession as a “calling”. The belief in being “called” to this particular profession, consequently, would direct them to do, and to continue doing, the work of a DSW, even when this was very challenging. APM4 described a resilient DSW as someone who “does the profession passionately and takes her profession as a calling, more than work ...” (Narrative 4). In the second focus group discussion, APM7 reflected on her colleague who coped remarkably well with a demanding workload. She reported that this DSW was focused on the *service user* and would always go the “extra mile” for service users.

APM7 concluded that a DSW who had not been “called” for DSW would not go the “extra mile” for service users.

The AP emphasised that precisely because the DSW profession was risk-filled, a sense of a “calling” was integral to South African DSW resilience. They were convinced that perceptions of DSW as “just a job” would hinder resilience.

### **Personal strengths**

Personal strengths, rooted in a positive disposition and a healthy self-identity, were identified as resilience-enhancing processes in resilient South African DSWs. These strengths were directly linked to the individual character of a resilient South African DSW.

#### **A positive disposition**

Frequent references were made to attitudinal features that were regarded as indicators of resilience in resilient South African DSWs. APMs regarded a sense of humour, a positive attitude, viewing challenges as opportunities, learning from mistakes, regarding difficulties as opportunities to gain new knowledge, being willing to learn from senior staff, being appreciative, having and giving hope, and focusing on small successes as features of a positive attitude. Furthermore, seeing the potential in each service user, regardless of the endless challenges and negativity with which they are associated, was an additional aspect that fostered a positive attitude, as described by APM3: “It is essential to believe that all people have potential, that there is good in every person ...” (Narrative 3).

The large number of cases that DSWs failed to resolve or attend to was acknowledged, but what was emphasised by the AP was that DSWs would not remain positive if this failure were

their focal point. Thus, DSW acceptance that they could not help everyone, as well as focusing on those they did help, was regarded as crucial to a positive attitude and, ultimately, resilience. Being content with personal limitations was reiterated by APM3, who wrote about the limitations in helping others: “Only some can be helped – and it’s okay” (Narrative 3). In the first focus group discussion, APM2 explained that a resilient DSW was someone who would not “ponder” the negative and who would not try to help everyone, but would rather focus on what could be done and that which was a success and positive. In his narrative, APM2 concluded that a resilient DSW “can realize that you cannot change the world ...” (Narrative 2). Being able, then, to focus on success and those who *could* be helped encouraged mastery and hope. The AP strongly associated a positive attitude with DSW hopefulness.

Having a sense of humour was also associated with a positive attitude. This was described not only as the ability to laugh, but also the ability to choose to laugh in the face of seemingly dismal circumstances, reiterating the power of choice. In her description of a resilient DSW, APM5 wrote: “She can laugh easily ...” (Narrative 5).

#### A healthy self-identity

A healthy self-identity refers to a DSW who is aware of, and familiar with, his or her own attributes, skills, and limitations. Such a DSW also has sufficient self-confidence and can assert himself or herself; furthermore, a belief that he or she can achieve success is indicative of a healthy self-identity.

What was elementary to the AP’s understanding of a healthy self identity was self-knowledge. APMs made it very clear throughout their narratives and during focus group discussions that a resilient DSW was someone who was able to do a “SWOT analysis” (FG,

APM1, 6) of himself or herself. “Believing in yourself, know what I can do, what’s my strengths, what’s my weaknesses and what not, and being okay with that and not always try to get above that but to say this is what I can do well and this is what I cannot do” (FG, APM2, 13).

A healthy self-identity also included “self-efficacy” (FG, APM1, 21), thus the belief in one’s own abilities to succeed, which affected the value of decision making (Zulkosky, 2009), and being “assertive ... able to stand up for yourself” (FG, APM4, 21). The AP’s references to assertiveness were associated with a sense that positive adaptation in an often hostile work environment required DSWs to protect themselves, which meant asserting their own rights and boundaries in order to prevent burnout and ensure continued positive adaptation.

## **DISCUSSION**

The researcher prefaces her discussion with the acknowledgement of the limitations of qualitative work, including the participant-linked specificity of qualitative findings (Sarantakos, 2013). The findings emanate from the understanding of a small group of South African professionals (AP) and, therefore, demand cautious application. Additionally, black and male members were underrepresented in the AP; this probably limited culturally sensitive insight into the conceptualisation of resilience in resilient South African DSWs. However, the purpose was not to provide generalisable findings, but an understanding of what the indicators of resilience in resilient South African DSWs might entail, so that resilient South African DSW study participants for follow-up empirical work could be identified. Thus, the discussion that follows needs to be understood within these limitations, whilst being mindful that the findings do begin to address a gap in current literature, namely South African DSW resilience.

In summary, South African professionals suggested that the indicators of resilience in resilient South African DSWs lay in a value-embedded life, personal strengths, and support networks. Earlier resilience studies confirmed these broader themes of support networks, lived values, and personal strengths as resilience-enhancing processes (Byrne, 2006; Cameron & Brownie, 2010; Castro et al., 2010; Kearns & McArdle, 2012; Kinman & Grant, 2010; Masten & Wright, 2010; Smith & Drower, 2008; Sumsion, 2004; Theron & Engelbrecht, 2012; Tugade & Fredrickson, 2004; Ungar, 2012). However, all of these studies pertained to resilience in nurses, adolescents, teachers, non-South-African DSWs, and social work students. In other words, although resilience literature, in general, confirms the findings reported in the study informing this manuscript, these findings have not previously been noted in association with resilient DSWs in South Africa.

Significantly, the findings align well with a social-ecological understanding of resilience (Ungar, 2011). Resilient DSWs are said (AP) to adjust well because of strengths in themselves and their environments. The AP did not emphasize personal strengths above support networks, or vice-versa, thereby further corroborating an understanding of resilience as an interaction between DSWs and their social ecologies.

The explanations of South African DSW resilience generated by the professional participants in the study informing this manuscript extended the above known findings somewhat. Supportive workplace attachments were reported as promotive of resilience in newly qualified DSWs (Kearns & McArdle, 2012), teachers (Sumsion, 2004), and nurses (Cameron & Brownie, 2010; Koen, 2010). Supportive family attachments were reported as promotive of resilience in American direct-service social workers (Byrne, 2006). However, none of these studies made mention of the reciprocity of such support (that is, that DSWs needed to take

advantage of such support and invest in attachments). Ungar (2012) confirmed that an aspect of resilience was actively steering towards resources. However, Ungar (2012) was not referring to DSWs when he made this observation.

*Ubuntu* was previously reported by South African social work students as a potential pathway to resilience (Smith & Drower, 2008). While APMs agreed that *ubuntu* values are supportive of resilience, they also clarified how *ubuntu* informed South African DSW resilience: above and beyond applying principles emanating from *ubuntu* (such as compassion and respect) to others, this AP was in accord that a South African DSW would nourish resilience by directing *ubuntu* principles (for example, respect, tolerance) towards himself/herself. Self-directed *ubuntu* values have not been made explicit in other resilience studies acknowledging *ubuntu* as protective (Smith & Drower, 2008; Theron & Engelbrecht, 2012; Theron & Theron, 2010).

In conclusion then, this study's findings provide the first descriptive account of resilience in South African DSWs. While the understanding that resilient South African DSWs are supported by a value-embedded life, personal strengths and support networks which do overlap with prior resilience studies, they are nevertheless useful in that they provide a description specific to South African DSWs. The value of a sample-specific description is three-fold: (a) it aligns with demands in the resilience literature for group-specific accounts of resilience (Masten & Wright, 2010; Ungar, 2011); (b) it allows for nuanced understandings of broader understandings of resilience processes – e.g., self-directed *ubuntu* values, reciprocal support; and (c) it potentiates a list of indicators of resilience in resilient South African DSWs.

## **INDICATORS OF RESILIENCE IN SOUTH AFRICAN DSWs**

Based on the above findings, the researcher hypothesises that the indicators of resilience in South African DSWs will be found in accessible support networks, value-embedded lives that fit Africentric or communal contexts, and personal strengths. The specific indicators integral to each of these protective processes are summarized in Figure i (see Findings). The indicators were grounded in APMs' descriptions of resilience processes in resilient South African DSWs.

None of these indicators were prioritised: the AP explained them as interdependent (hence the fragmented lines in Figure i). This summary of indicators is, therefore, not intended as an exhaustive list. Rather they provide detail to the understanding that South African DSW resilience is a complex phenomenon that is dynamic, culturally embedded, and based on person-environment reciprocity (Ungar, 2011). The emphasis is on the understanding that South African DSWs' resilience flows from a partnership with their socio-cultural ecologies (Ungar, 2012) and that the indicators of resilience processes reflect this partnership. Although these indicators offer a guideline for selecting South African (DSW) study participants for future phenomenological research into South African DSW resilience, the researcher again calls attention to the fact that it is not a definitive summary. It reflects what a small, specific group of South African professionals perceived resilience in resilient South African DSWs to entail. This urges cautious application (Merriam, 2009).

## **THE WAY FORWARD**

The aim of the study informing this manuscript was to describe indicators of resilience in resilient South African DSWs as these emerged from the analysis of AP focus group discussions and written narratives. This preliminary description of a resilient South African DSW necessitates further exploration of the processes of resilience in resilient South African DSWs, but offers working indicators for the identification of resilient South African DSWs to shed light on their resilience processes. The informed opinions of the APMs offer only a starting point for understanding resilient South African DSWs.

Continued exploration could involve phenomenological semi-structured interviews with South African DSWs who demonstrate resilience processes as summarised (tentatively) in Figure i. The aim of such a study would be to explore how resilient South African DSWs understand their *own* resilience and to use such collective meaning to propose resilience-promoting guidelines for South African DSW supervisors towards enhancing South African DSW resilience. Similarly, this study may have sensitised researchers to the need for comparable research with DSWs in other contexts. A starting point for them might be to replicate the methodology described in this manuscript. Ultimately, research into the processes that encourage positive adjustment among South African and other DSWs must be prioritized (Collins, 2008; Green et al., 2003; Littlechild, 2003).

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## **PREFACE**

The following manuscript “*Lived Experiences of Resilience-Promoting Practices among South African Designated Social Workers*” will answer the following secondary research question:  
“*How do resilient South African DSWs adjust well to severe workplace adversities?*”

**MANUSCRIPT 3**

**Lived Experiences of Resilience-Promoting Practices among South**

**African Designated Social Workers**

*Prepared for submission to journal*

**QUALITATIVE HEALTH RESEARCH**

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[REV 6: 01 SEP 11]

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This is optional. This is the place to mention, perhaps, that portions of the article were presented at a professional meeting, or other information of that sort.

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below the abstract, on the same page (see “Keywords,” above). Double space the entire abstract page (including the keywords). Briefly state the purpose of your research, the main findings, and your primary conclusions. Make sure the abstract is written in the first-person, active voice.

## **MAIN MANUSCRIPT**

Note that the sample manuscripts beginning on page 35 are abbreviated for illustration purposes, and might not contain all optional elements that could be included in an actual manuscript. The sample articles contain all four heading levels. The main text of the manuscript begins at the top of page 2 of the document, immediately after the abstract page. Write your article in the first-person, active voice. The main text of the manuscript should be broken into appropriate sections by the use of section headings. Sections should flow in a logical sequence, and include, at a minimum, Methods, Results, and Discussion (these are all level-1 headings); other level-1 headings and subheadings may be used at the author’s discretion. The author may choose to use different names for the three main sections, but the basic content should be that which would appropriately fall under the headings of Methods, Results, and Discussion.

There are very specific requirements for the preparation of in-text citations; refer to the APA Publication Manual, 6th edition, for details. Every in-text citation should have a corresponding reference in the reference list—no exceptions. During the review process, author citations should include only the word Author and the year: (Author, 2008). If and when the manuscript is accepted for publication, the missing information can be restored. Double space the entire manuscript document, except for text contained in figures. Use only U.S.- English spelling (except in the references, as appropriate, and for direct quotations from published written sources). Use U.S.-English translations of non-English quotations or excerpts. Use a minimum of two (2) heading levels. Attend to copyright regulations and permission requirements (required).

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- Do not format the hanging paragraphs with hard returns (“enter”) and tabs.

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## **FINAL CHECKLIST FOR SUBMISSION**

**GOAL:** To submit the perfect manuscript. This checklist is intended to facilitate the swift internal review of your manuscript prior to submission.

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Refer to the instructions contained in the QHR Manuscript Guidelines. Review the section addressing QHR style, beginning on page 8. **AVOID COMMON PROBLEMS:**

- Refer to your article as an article, not as a paper or a study.
- Avoid anthropomorphism. Neither your study nor your article conducted the research: you did. Neither your study nor your article considered, chose, utilized, explored, selected, or took any other type of action: you did.

## **CHECKLIST:**

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- Obtain an informal peer review of your manuscript prior to submission (see the review criteria on page 55).
- Have your manuscript professionally edited prior to submission. If English is not your first language, make certain your editor is an expert in the English language.

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- Ellipses/ellipsis points (. . .) are to be used only to represent deleted words or phrases, and not pauses in speech.
- Set quotations of fewer than 40 words within regular sentences. Set quotations of 40 or more words as block quotes. (Use Word’s “Word Count” feature.)
- Indent block quotes by ½ inch (approximately 1.3 cm.) from the left margin only. (Use Word’s “Format > Paragraph” feature to create the indentation.)
- Type your quotations in 12-point Times New Roman font, double spaced. Do not use italics.
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- If you add words of explanation or comment within quotations, place those words in [brackets] rather than (parentheses).
- Properly capitalize and punctuate all participant quotations.

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- Spell out all journal names, and provide complete page numbers (e.g., 172-185 rather than 172-85).
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- Make sure your table has a minimum of two (2) columns, a minimum of two (2) rows, and a clear and concise heading for every column. Double space the table.
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- Give your figure a clear and concise title or legend. Include any notes after the title or legend rather than placing them below the figure.
- If using a participant’s artwork, be sure the lines are sufficiently distinct and dark enough to reproduce well if printed in the journal.

## **ABSTRACT**

Social workers' well-being, particularly that of designated social workers (DSWs), is placed at risk by the challenging nature of their profession. In response, there have been international calls for the prioritization of DSW resilience. Nonetheless, to date, only four empirical research studies have explored resilience processes in non-South-African DSWs. Understanding resilience is a prerequisite for developing resilience-enhancing guidelines. In this manuscript, I present phenomenological findings that describe resilience-enhancing practices in the lives of 15 South African DSWs. The findings reveal that their resilience practices are embedded in four differently weighted, but interrelated, processes: practice- and purpose-informing creeds, support systems, constructive transactions, and accentuating the positive. These practices can potentially enhance South African DSWs' resilience and contribute to the development of potential resilience-promoting guidelines. However, given the dynamic nature of resilience, further and continuous explorations of South African DSW resilience processes in different cultural contexts are needed.

**Keywords:** South African, designated social worker, child protection social worker, well-being, lived experience, phenomenology, resilience, processes, practices, promoting, risk

## INTRODUCTION

The important role of social workers, particularly designated social workers (DSWs) (also known by other names discussed below), is acknowledged worldwide (Bennett, Evans, & Tattersall, 1993; Green, Gregory, & Mason, 2003; Kearns & McArdle, 2012; Russ, Lonne, & Darlington, 2009; Tham, 2006). What is also generally recognized is that social work is a challenging profession that places practitioners at risk of poor health, both physically and psychologically (Badger, 2006; Baldauf, 2007; Bradbury-Jones, 2013; Bride, 2007; Conrad & Kellar-Guenther, 2006; Green et al., 2003; Jones, 2001; Regehr, Hemsworth, Leslie, Howe, & Chau, 2004; Siebert, 2004; Stanley, Manthorpe, & White, 2007). In response to this risk, there has been a call to develop resilience in social work professionals (Collins, 2007; Gibbs, 2001; Green et al., 2003; Kearns & McArdle, 2012; Littlechild, 2003). Scholars and practitioners have advocated for interventions toward social worker well-being not only to buffer social workers against these negative health outcomes, but also because communities at risk suffer when social workers are no longer able to provide premium services (BBC News, 2009; Gibbs, 2001; Littlechild, 2003; Narain, 2011; Siebert, 2004; Tempelhoff, 2006; Viljoen, 2009).

There are several types of social work, and the purpose of the study informing this manuscript is to concentrate on DSW. As previously mentioned, DSW is a professional position within the larger field of social work that is practiced worldwide. Although practiced and recognized worldwide, the title of this position varies from country to country. For instance, DSWs are also known as statutory, case, front-line, child welfare, child protection, family and child, children and families, and direct-service social workers (Conrad & Kellar-Guenther, 2006; Douglas, 2013; Jones, 2001; Littlechild, 2003; Narain, 2011; Russ et al., 2009; WalesOnline, 2011). In South Africa, the South African Children's Act (Act 38 of 2005, p. 24) assigns the term

“designated” to these social workers who are mandated to provide direct, statutory child protection services in cases of child neglect and abuse. Although professional titles vary across countries, DSWs (the term used predominantly in this manuscript) all share the authorized responsibility of providing direct statutory intervention pertaining to protecting children and families who are in need of care and protection. Most typically, these duties include the removal of children from their caregivers/biological parents and ensuring that the best interests of children at risk are promoted (Beckett, 2007; Children’s Act, Act 38 of 2005; Cornille & Meyers, 1999; Russ et al., 2009; WalesOnline, 2011).

Given the stressful nature of such statutory duties, DSWs reportedly experience great levels of stress and exposure to further risks (Beckett, 2007; Bennett et al., 1993; Bradbury-Jones, 2013; Coffey, Dugdill, & Tattersall, 2004; Collins, 2007; Cornille & Meyers, 1999; Douglas, 2013; Goddard & Hunt, 2011; Green et al., 2003; Tham, 2006). Besides the fact that DSWs are the professionals authorized to provide direct statutory services that actuate section 28(1)(d) of the Constitution of the Republic of South Africa (which stipulates the right of children to be protected “from maltreatment, neglect, abuse, or degradation”), the stressful nature of DSW highlights the need to explore resilience processes among DSWs. Exploring DSW resilience processes will help me to theorize about how to best to support DSW positive adjustment in the face of reported risks (Collins, 2007; Green et al., 2003; Kearns & McArdle, 2012).

Resilience refers to processes of positive adjustment, despite being confronted with adversities (Ungar, 2012). Definitions of positive adjustment are variable across contexts (Bottrell, 2009), but are often equated with an absence of poor mental health and the presence of health-affirming behaviors such as constructive relationships, positive pastimes, and academic or

professional improvement (Masten & Wright, 2010). One empirical study explored resilience in social workers (including DSWs) (Amrani-Cohen, 1998), and two further empirical studies explored resilience processes in study participants who were all DSWs (Byrne, 2006; Kearns & McArdle, 2012). This small number of empirical research studies pertaining to non-South African DSW resilience results in a very limited understanding of what might enable a DSW to adjust well to workplace hardships. In the continued absence of a comprehensive understanding of the resilience processes buffering South African DSWs, these social workers will continue to be placed at risk of negative health outcomes. Moreover, this potentially holds negative implications for vulnerable children who are dependent on services rendered by DSWs and who have been left defenseless by their social ecologies. Compassion-fatigued, stressed, threatened, or burnt-out DSWs might struggle to protect these children. Thus, the purpose of this study is to explore the practices that underpin South African DSW resilience, as reported by a group of resilient South African DSWs.

### **Earlier Studies**

In this section I briefly comment on earlier studies of social worker risk and DSW resilience. I start by showing that DSW is considered a challenging profession. Next I draw attention to a social ecological understanding of resilience, and the adaptive systems that support resilience processes, with mention of how these processes explain DSW resilience. Finally I indicate that earlier studies insufficiently explain resilience in (South African) DSWs.

### ***Social Workers at Risk***

A number of international studies and media articles report professional risk factors that generally challenge social worker and also DSW health and well-being. These include financial stress originating from poor salaries, work overload, staff shortages, violence and aggression

directed at social workers, inadequate support, and compassion fatigue/secondary traumatic stress disorder (Benjamin, 2007; Budlender, Proudlock, & Monson, 2008; Byrne, 2006; Carson, King & Papatraianou, 2011; Department of Labour, Te Tari Mahi, 2005; Dickler, 2009; Domino, 2008; Douglas, 2013; Goddard & Hunt, 2011; Kasiram, 2009; Liptak, 2010; MacRitchie & Leibowitz, 2010; Perstling, 2012; Siebert, 2004; Tham, 2006; Viljoen, 2009).

All social workers are confronted with the above-mentioned risks, but as briefly mentioned, a number of studies suggest that the nature of DSW is particularly challenging (Beckett, 2007; Bennett et al., 1993; Byrne, 2006; Goddard & Hunt, 2011; Russ et al., 2009; Tham, 2006). DSWs are required to make rapid, but very difficult, judgments on complex cases about the best interests of vulnerable children, which places enormous emotional demands on the DSW, who will possibly change a child's life by removing a child from his or her caregivers or not. Such judgments are integral to the statutory duties assigned to DSWs, which are primarily characterized by removing at-risk children from their primary caregivers who prove to be incapable of acting in the best interest of these children (Children's Act, Act 38 of 2005; Munro, 1996). Subsequent legal processes in the courtroom also add to the severe pressure that DSWs face.

In summary, DSW is a taxing and even dangerous profession, with potential risks to DSW well-being. This appears to hold true for social workers in both developed and developing nations. Clearly, this risk-filled profession necessitates that practitioners be resilient to survive their work, maintain their good health, and provide optimal service (Green et al., 2003; Kearns & McArdle, 2012).

### *Resilience Processes in Resilient DSWs*

Resilience is a well-researched phenomenon. It has, for example, been explored among at-risk children (Ni Raghallaigh & Gilligan, 2010), youth (Theron & Theron, 2010), and adults (Rajendran & Videka, 2006). How professionals adjust well to health-threatening work milieus has also been investigated, covering resilience among nurses and teachers (Castro, Kelly, & Shih, 2010; Gu & Day, 2007; Koen, 2010; Sumsion, 2004), Israeli and American social workers and DSWs (Amrani-Cohen, 1998), direct-service statutory social workers and supervisors from the USA (Byrne, 2006), and student social workers (Kinman & Grant, 2011; Smith & Drower, 2008). One study (Kearns & McArdle, 2012) explored how three British social work students transitioned resiliently from being students to being DSWs practitioners and so offered comment on early-career DSWs resilience. Some studies commented on the need for resilience-informing interventions and research to support DSWs (Collins, 2007; Green et al., 2003; Horwitz, 1998; Kearns & McArdle, 2012). Although these studies (Amrani-Cohen, 1998; Byrne, 2006; Kearns & McArdle, 2012) provided some insight into the resilience of non-South-African DSWs, they neglected to explain *how* these resilience processes worked. Furthermore, the study by Kearns and McArdle (2012) focused on exploring the resilience of DSWs with regard to their transition from being student social workers to practicing social workers. Thus, the context of adversity differs from the context of this study, which aims to explore resilience of social workers who are already practicing DSWs. The findings of these studies of non-South-African DSWs' and social work students' resilience are included in the explanation of resilience processes below.

Initially, resilience was ascribed to the intrinsic qualities of those at risk who avoided predicted negative outcomes (Bottrell, 2009; Cicchetti, 2010). However, scholars soon recognized the error of perceiving resilience as a mere personal strength (Cicchetti, 2010).

Subsequent explanations of resilience, therefore, acknowledged a triad of protective processes that included individual, familial, and environmental systems (Masten & Wright, 2010). Nonetheless, triadic theories still did not adequately explain how people became resilient (Rutter, 2007). This was remedied when scholars adopted explanations of resilience that foregrounded mutually beneficial person-context transactions (Lerner, 2006). This understanding informed Ungar's (2011) social ecology of resilience theory, which underpins this study. Accordingly, resilience results from a process of reciprocated interactions between an individual at risk and his or her social ecology at the time of risk exposure (Lerner, 2006; Ungar, 2011, 2012, 2013). The individual at risk identifies protective resources within his or her social ecology and steers toward ("navigates"; see Ungar, 2008, p. 225) these and/or bargains for support ("negotiates"; see Ungar, 2008, p. 219) in an attempt to adjust well to risks. The social ecology, however, must facilitate such capacitation in contextually and culturally relevant ways (Ungar, 2008). This means that the social ecology has to actively present support mechanisms and partner with individuals, both formally and informally, to facilitate enablement. Ungar (2011) theorizes this partnered process as complex, atypical, and culturally relative and one that decenters the individual. In so doing, as detailed below, Ungar (2011, 2012, 2013) sees dynamic partnerships as being crucial to resilience.

Resilience processes that "decenter" the individual are dependent on the "capacity of the social ecology to facilitate" the needs expressed by the individual at risk in a way that the individual understands (Ungar, 2011, pp. 5, 6). In other words, explanations of, and interventions toward, resilience need to focus on how social ecologies might enable resilience processes in meaningful partnerships with individuals (Panter-Brick & Eggerman, 2012).

Resilience processes are complex, partly because they are dependent on several interlinked and ever-changing systems. For example, any given social ecology will vary across time and be shaped by its dominant culture. An at-risk individual could, at any stage of his or her development, have unique intrinsic protective resources and be influenced by various religious and cultural value systems, which, in turn, provide varying definitions of threat and protection (Bottrell, 2009). In some instances, cultural allegiances can complicate resilience processes, particularly when individuals cannot rise to cultural expectations (Panter-Brick & Eggerman, 2012). What this implies is that conceptualizations of risk and resilience will be culturally relative, as will pathways to resilience (Ungar, 2012). Furthermore, individuals at risk might demonstrate resilience in one sphere of life, but not in another (Ungar, 2011). What further adds to the complexity of explaining resilience is that resilience cannot be defined by pro-social outcomes, because the specifics of such outcomes cannot be assumed to be universal (Bottrell, 2009).

In general, resilience researchers tend to report similar protective mechanisms that operate within resilience-promoting partnerships (Cicchetti, 2010; Masten & Wright, 2010). Although these mechanisms certainly did not operate in identical ways across developmental stages, contexts, and cultures, they reoccurred sufficiently to make Masten and Wright (2010, p. 222) conclude that resilience is driven by “basic human adaptive systems.” The most commonly reported of these mechanisms are summarized below, with special attention to studies of resilient DSWs.

*Attachment relationships.* Luthar (2006) argues that resilience is essentially embedded in relationships. Healthy relationships with family, friends, and other individuals who are nurturing and supportive give rise to secure attachments (Bowlby, 1988). These attachments, ultimately,

provide a secure milieu in which vulnerable individuals can obtain, among other things, guidance, emotional and physical support, protection, information, a sense of belonging, opportunities to explore alternative options, and a healthy perspective for future relations (Helgeson & Lopez, 2010; Masten & Wright, 2010). Amrani-Cohen (1998) reported that American and Israeli social workers' (including DSWs') resilience did not depend on attachment processes. South African social work students, however, perceived supportive attachment processes as resilience promoting (Smith & Drower, 2008). Similarly, early-career DSWs from the United Kingdom (Kearns & McArdle, 2012) and American direct-service social workers (Byrne, 2006) reported the value of supportive attachments to managers and professional peers. These attachments enabled their resilience by enhancing their sense of belonging, informing their self-efficacy, and encouraging them to take on challenges (Kearns & McArdle, 2012).

*Agency and the mastery motivation system.* Acts of agency, such as making healthy choices, and their subsequent successful outcomes often facilitate enjoyment, satisfaction, self-assurance, and other positive emotions. This might then inspire continued adjustment and sustained efforts to succeed despite adversity (Masten & Wright, 2010). Although individual effort and personal power foster agency, such agency is dependent on access to "psychological and material resources" that are typically found in social ecologies (Prilleltensky, Nelson, & Peirson, 2001, p. 146). For example, in their study of resilient beginner teachers, Castro et al. (2010) emphasize the role of both individual and ecology in resilience processes. Resilient novice teachers navigated toward, and negotiated for, protective resources in their school ecology, including embracing mentors, campaigning for resources, and obtaining support to resolve problems (Castro et al., 2010). Their agency, however, would have been limited in an ecology that did not offer accessible protective resources or was not willing to partner with novice teachers. No

similar findings are reported for resilient DSWs or social work students (Amrani-Cohen, 1998; Byrne, 2006; Kearns & McArdle, 2012; Kinman & Grant, 2011; Smith & Drower, 2008).

*Intelligence.* The protective process of intelligence relates to constructive problem-solving skills, which are said to generally improve over time as the brain develops. Protective resources embedded in the social ecology, such as education, nurture brain development. Life experiences also improve problem-solving skills (Masten & Wright, 2010). Ni Raghallaigh and Gilligan (2010) report that resilient unaccompanied minors learned to minimize risk by being distrustful of most others. Over time, these minors learned from experience that not trusting people “minimizes chances of hurt or betrayal” (Ni Raghallaigh & Gilligan, 2010, p. 232). Thus, they solved some of the problems facing them by being suspicious of others, which was, in a sense, “atypical” human behavior (Ungar, 2011, p. 7). Although Amrani-Cohen (1998), Smith and Drower (2008), and Kinman and Grant (2011) did not report cognitive intelligence as resilience enhancing, Kinman and Grant (2011) reported emotional intelligence as promotive of resilience among trainee social workers. Byrne (2006) associated a formal educational upbringing with enhanced self-efficacy, which informed the resilience of direct-service statutory social workers. Similarly, continuous training and education enhanced the resilience of three early-career DSWs in the United Kingdom (Kearns & McArdle, 2012).

*Self-regulation.* Being able to regulate or adjust emotions, impulses, and behavior is integral to resilience, partly because this advances socially acceptable behavior that holds favorable consequences for those at risk. Furthermore, self-regulation allows the individual at risk to properly examine a situation, offering opportunity to consider and respond in ways that are adaptive (Masten & Wright, 2010). The social ecology is co-responsible for such self-regulation by providing opportunities and lessons where individuals can discover what culturally and

contextually appropriate behavior entails. An example of this is the case of “Lucy” (Fourie & Theron, 2012, p. 1355), a young woman with Fragile X Syndrome. Various processes underpinned Lucy’s resilience, including improved self-esteem and the enjoyment of school that resulted when Lucy modified her behavior at school. Several stakeholders in Lucy’s social ecology encouraged such self-regulation. Studies pertaining to DSWs’ resilience (Amrani-Cohen, 1998; Byrne, 2006; Kearns & McArdle, 2012) or student social workers’ perception of resilience (Smith & Drower, 2008) did not report self-regulation as a resilience-promoting process.

*Making meaning.* Having faith that circumstances will improve and interpreting negative situations hopefully make hardships tolerable (Masten & Wright, 2010). Being able to reappraise trauma or hardship positively requires the ability to think and reflect (Masten & Wright, 2010). Much of this process of attaching hopeful meaning is related to religious and cultural beliefs that encourage constructive reappraisal.

Panter-Brick and Eggerman’s (2012) study of resilience among children and families trapped in the adverse living conditions of Afghanistan emphasizes hopeful meaning making as promotive of resilience. For instance, a 14-year old sole provider for her poverty-stricken family cherished dreams of herself as a future professional. Her dreams were allied to her culture’s emphasis on education as a pathway out of poverty and afforded hope that life would improve (Panter-Brick & Eggerman, 2012).

Likewise, by viewing obstacles as possible opportunities, early-career DSWs from the United Kingdom were able to make meaning of their adversities (Kearns & McArdle, 2012). Other studies looking at resilience of DSWs in the USA and Israel (Amrani-Cohen, 1998), American direct-service statutory social workers (Byrne, 2006) and student social workers in the

United Kingdom and South Africa (Kinman & Grant, 2011; Smith & Drower, 2008) did not relate meaning making as resilience enhancing.

*Cultural traditions and religion.* Empirical findings suggest that people with strong religious backgrounds and associations are more optimistic and tend to solve problems head on by actively participating in the problem-solving process, which might hasten the course of recovery and enhance resilience (Pargament & Cummings, 2010). Furthermore, supportive relationships among people who share the same belief system have been found to reduce the likelihood of depression and anxiety and to be critical to the process of resilience (Masten & Wright, 2010; Ni Raghallaigh & Gilligan, 2010; Pargament & Cummings, 2010). In addition, the sense of a relationship with a deity fosters feelings of hope, protection, fortification, and belonging (Masten & Wright, 2010; Ni Raghallaigh & Gilligan, 2010). Having faith or belonging to a religion was reportedly a process of resilience in American direct-service statutory social workers (Byrne, 2006).

Cultural rituals and identity, together with cultural belonging, help people to deal with adversity by means of specific forms of rituals, direct support, and instilling in them beliefs that ascribe meaning to adversity (Masten & Wright, 2010). Moreover, cultural traditions/values and religious affiliations potentiate life beliefs or creeds that support positive adjustment (Gu & Day, 2007). For example, the retelling of traditional stories, commitment to other daily traditions, and speaking their native language supported resilience among the Mi'kmaq indigenous people of Atlantic Canada who were threatened by hardships associated with Western suppression of indigenous people (Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2012). South African social work students also indicated that “cultural rituals, prayers, storytelling, and cultural values” supported their resilience (Smith & Drower, 2008, p. 154).

*Positive emotions.* Being positive is said to reduce the impact of stressful situations and has been ascribed to resilient individuals (Ong, Bergeman, Bisconti, & Wallace, 2006; Tugade, 2011; Tugade & Fredrickson, 2004). Experiencing positive emotions helps at-risk individuals to anticipate positive outcomes such as personal growth and to make constructive meaning out of adverse experience. Enjoying positive emotions also assists individuals at risk to formulate resolutions that are resourceful (Ong et al., 2006). Moreover, experiencing positive emotions nourishes feelings of security, resulting in at-risk individuals feeling free to explore their environments or to merely relax. Opportunity then arises to consider different responses and options that might be more likely to lead to positive adjustment to the risks faced by the individual (Tugade, 2011). Once more, experiencing positive emotions is not reported in most published studies of social worker and student social worker resilience (Amrani-Cohen, 1998; Byrne, 2006; Kinman & Grant, 2011; Smith & Drower, 2008). Kearns and McArdle (2012) did, however, report that the resilience of early-career DSWs was partly because of optimism and celebrating small victories.

### **An inadequate understanding of South African DSW resilience**

In summary, positive adjustment to hardship is generally explained as a co-constructed process that relies on inputs from individuals and their social ecologies. Although Ungar (2011) urges underemphasis on the individual in this process and Luthar (2006) emphasizes the primacy of relational pathways to resilience, most of the resilience literature reports positive adjustment as variably supported by “basic human adaptive systems” (Masten & Wright, 2010, p. 222), to which both individuals and their social ecologies contribute. Published studies of DSWs and student social worker resilience report some (but not all) of the generic resilience pathways (that is, attachment relationships – Amrani-Cohen, 1998; Kearns & McArdle, 2012; intelligence –

Amrani-Cohen, 1998; agency and mastery motivation system – Amrani-Cohen, 1998; and religion and cultural tradition – Byrne, 2006; Smith & Drower, 2008). What these studies report provides emerging understanding of DSW resilience (Amrani-Cohen, 1998; Byrne, 2006; Kearns & McArdle, 2012) that is limited to non-South-African DSWs. Although these studies provide some insight, they mostly name resources that DSWs draw on and neglect to explain *how* these resilience processes work. Moreover, given the dynamism of resilience processes across cultures and contexts (Ungar, 2011, 2012), explanations from developed contexts (that is, America and Israel, see Amrani-Cohen, 1998; the United Kingdom, see Kearns & McArdle, 2012) cannot be assumed to answer the question: of how do South African DSWs adjust well to severe workplace adversities? An attempt to answer this question prompted the study described below.

## **Method**

Because I aimed to understand resilient South African DSWs' lived experiences of risk exposure and their related resilience processes, I engaged in a phenomenological study (Patton, 2002).

Although the applicability of the findings flowing from such an inquiry is limited by the small number of study participants involved, I considered a phenomenological design to be appropriate because the aim was not to present generalizable findings, but to offer rich insight into the lived experiences of a group of resilient South African DSWs to theorize about DSW resilience processes. Whilst this implies cautious application of the study's results, Altheide and Johnson (2011) argue that sound working hypotheses can flow from phenomenological studies. Authors such as Kearns and McArdle (2012, p. 387) confirm that academics have neglected to seek "the 'voice' of professionals themselves in understanding resilience."

### *Population and Sampling Strategy*

A total of 15 resilient South African DSWs participated, as summarized in Table 1. The study participants were recruited using snowball sampling (Strydom, 2005).

Participant	Affiliation/employment organization	Gender	Race	Mother tongue	Number of years' work experience as a South African DSW	Professional risks experienced in DSW
P1	NGO (non-government organization) Vanderbijlpark	F	White	Afrikaans	14 years' work experience as a DSW	Work pressure
P2	NGO Vanderbijlpark	F	White	Afrikaans	13 years' work experience as a DSW	Work pressure, financial strain, challenges unique to DSW
P3	NGO Vanderbijlpark	F	White	Afrikaans	32 years' work experience as a DSW	Work pressure, challenges unique to DSW, lack of resources
P4	NGO Vanderbijlpark	F	White	Afrikaans	12 years' work experience as a DSW	Work pressure, financial strain, deficient support
P5	NGO Vanderbijlpark	F	Black	Zulu	1 year's work experience as a DSW	Work pressure, challenges unique to DSW, deficient support
P6	NGO Vereeniging	F	Colored	Afrikaans	11 years' work experience as a DSW	Work pressure, challenges unique to DSW, deficient support, psychological tension and exhaustion
P7	NGO Vanderbijlpark	F	White	Afrikaans	18 years' work experience as a DSW	Work pressure, financial strain, challenges unique to DSW, deficient support
P8	NGO Meyerton	F	White	Afrikaans	4 years' work experience as a DSW	Work pressure, challenges unique to DSW
P9	Department of Social Development Sebokeng	F	Black	Sepedi	4 years' work experience as a DSW	Work pressure
P10	NGO Vereeniging	F	White	Afrikaans	28 years' work experience as a DSW	Work pressure, challenges unique to DSW, psychological tension and exhaustion, deficient support
P11	NGO Vanderbijlpark	F	White	Afrikaans	7 years' work experience as a DSW	Work pressure, financial strain, challenges unique to DSW, deficient support
P12	NGO Vanderbijlpark	F	White	Afrikaans	13 years' work experience as a DSW	Work pressure, challenges unique to DSW
P13	NGO Sasolburg	F	White	Afrikaans	23 years' work experience as a DSW	Work pressure, challenges unique to DSW, financial strain, deficient support, psychological tension and exhaustion
P14	Department of Social Development Sebokeng	F	Black	Sotho	3 years' work experience as a DSW	Work pressure, challenges unique to DSW, financial strain, deficient support
P15	NGO De Deur	F	White	Afrikaans	10 years' work experience as a DSW	Work pressure, challenges unique to DSW, deficient support

**Table 1: Identifying details of study participants**

Inclusion criteria were shaped by the recommendations of an advisory panel (AP) comprising seven DSW professionals and social work academics (Truter, 2013c)<sup>3</sup>, as was done in other qualitative resilience-focused studies (Didkowsky, Ungar, & Liebenberg, 2010; Theron & Dunn, 2010; Ungar & Liebenberg, 2011). The AP members were knowledgeable about resilience, DSW, and resilient DSWs and were, thus, well positioned to suggest inclusion criteria. To be included in this study, DSWs had to be known for their personal strengths (for example, a positive disposition, a healthy self-identity), a value-embedded life (for example, positive ethics, spiritual wellness), and support networks (for example, supportive family and colleagues). Using these criteria, the AP functioned as gatekeepers (Fouché & de Vos, 2005b), and each AP member nominated one or two resilient South African DSWs employed in local non-governmental or governmental child protection organizations. I telephoned each nominated participant to ascertain his or her willingness to participate. All the nominated study participants consented, and I then scheduled a date and time to interview each study participant. Following each interview, study participants were invited to identify other prospective study participants using the aforementioned criteria. When it became apparent that the data were saturated, no further nomination of study participants was invited. Data saturation was reached after the 15<sup>th</sup> interview (Merriam, 2009).

### *Data Collection*

I conducted pilot interviews with two study participants. An advantage of piloting was confirmation of the suitability of the interview schedule, which consisted of two main questions: (a) “What makes your work as a DSW challenging?” and (b) “How have you adapted to these challenges?” (Strydom, 2011b). Probing questions were added as necessary. Piloting clarified

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<sup>3</sup> Note to examiners: the content of Truter (2013a-b) is detailed in Manuscripts 1 to 2. When Manuscripts 1 to 2 are accepted for publication, the reference to Truter (2013a-b) will be expanded.

that the interviews might last longer than the intended 90 minutes, and so procedures were adjusted. Given the richness of the data that emerged from the pilot interviews, they were included for data analysis.

Thereafter, I interviewed 13 more study participants. Because all study participants were comfortable speaking English, the interviews were conducted in English, even though this was not the mother tongue of all study participants. With the permission of study participants, interviews were audio-recorded and transcribed verbatim. Study participants were invited to augment interview data by reflecting further on their personal experiences of how they adjusted well to workplace adversities that challenged them. I suggested that study participants record these as written narratives (Creswell, 2009). Thirteen study participants provided such narratives.

### *Data Analysis*

I analyzed the data iteratively using thematic content analysis (Braun & Clarke, 2006). This meant that I labeled and relabeled relevant segments of data before grouping these initial codes to form themes and sub-themes that answered the research question. An independent coder also analyzed the data. Thereafter, the independent coder and I conferred until consensus about emerging themes was reached. Although both had come to similar conclusions, this discussion offered an opportunity to refine sub-themes. Further suggestions for the refinement of themes were then facilitated by independent peer readings. This encouraged further scrutiny of the data and some thematic reconceptualizations (for example, the reworked themes were more process oriented).

I did not quantify how often the different themes and sub-themes were preferred by study participants to avoid foregrounding certain themes above others. Nevertheless, the themes that

emerged reflected conclusions based on the “preponderance of the data” (Taylor & Bogdan, 1984, as cited in Merriam, 1989, p. 763).

### **Trustworthiness**

Via email, I invited study participants to review and comment on a synopsis of the findings. The study participants endorsed the emerging interpretation, thus ensuring member checking. This, together with the independent coder, encouraged credible findings. Multiple data collection methods and sources (that is, 13 written narratives and 15 semi-structured interviews) informed the research process, thereby further enhancing the credibility of the findings. Rich data excerpts were also included to illustrate the findings. Although the study only included a small group of South African DSWs, the rich description of the study participants enhanced transferability (Creswell, 2009; Lincoln & Guba, 1985).

### **Ethical Issues**

The Ethics Committee of the university to which the researcher is affiliated approved this research study. Each study participant was provided with a detailed information letter, a future contact page that offered opportunity to decline future contact, and an informed-consent form. The letter of information was written in simple English. It explained the focus and methods of the study, confirmed the rights of potential study participants, and outlined the advantages and limited disadvantages of the study (for example, study participants would be part of a process that could possibly enhance positive adjustment among DSWs; study participants would give up approximately 90 minutes of their time to be interviewed). It was emphasized that study participants would be interviewed and would write narratives of their own free will (Strydom, 2011a).

As a qualified DSW, I was willing and competent to debrief study participants and support them should they experience distress during or after interviews. Although feelings of anger and frustration were expressed when study participants shared their lived experiences of the risks associated with DSW in South Africa, they did not become distressed. In fact, most study participants were overwhelmed with positive emotions at the conclusion of interviews and expressed how the content of the interviews had reminded them of their professional purpose, the value of their support systems, and the importance of their profession.

## **Findings**

To contextualize the resilience practices of the participating DSWs, I first provide a short summary of the risk factors with which they were confronted. This is followed by a discussion of the resilience practices that enabled them to adjust well in spite of these risks.

### *Risk Factors Experienced by South African DSWs*

In essence (see Table 1), study participants reported that work pressure, a lack of professional support, financial strain, the challenges unique to child protection social work, and emotional stress placed their physical and mental health at risk. In terms of work pressure, study participants emphasized administrative load, the dearth of DSWs (leaving the remaining DSWs with a substantial caseload), and a lack of resources. The DSWs lamented not being able to work intensively with children, including being unable to build therapeutic relationships, provide intensive therapy, or conduct proper assessments. For example, Participant 14 (P14) commented:

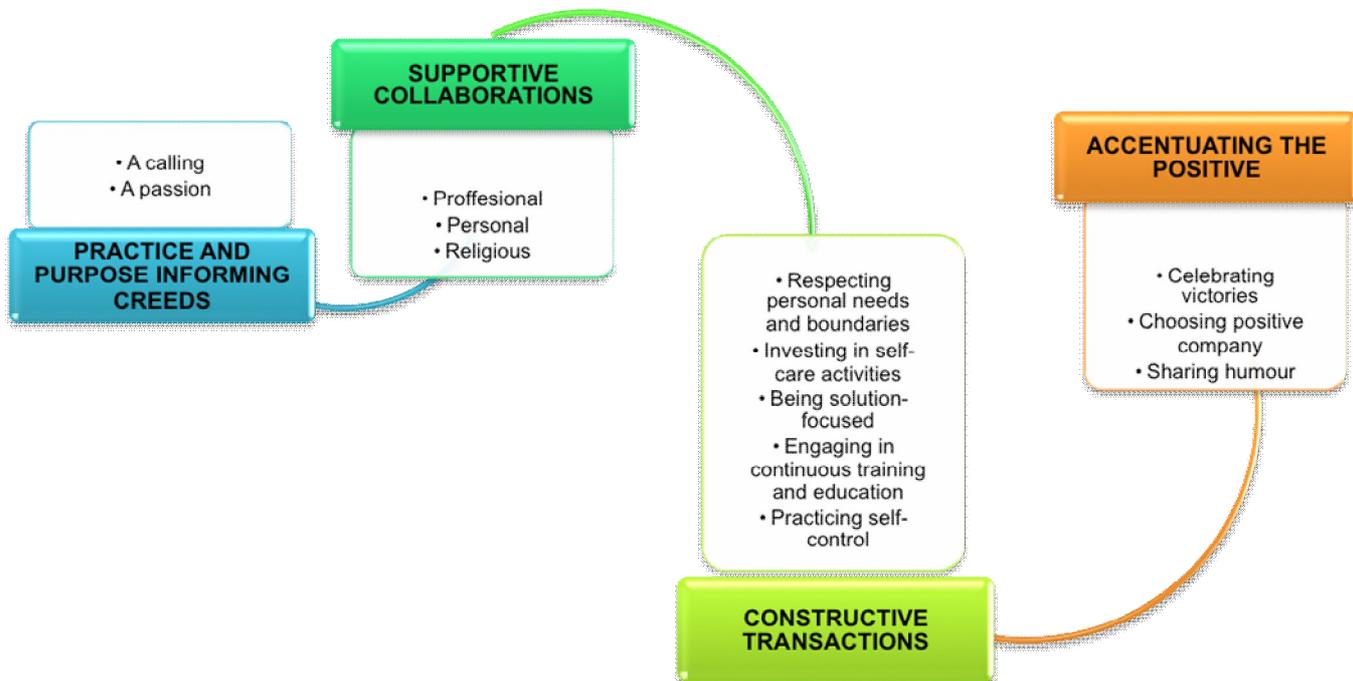
[My caseload is] 400 . . . we need more social workers here but we can't afford it . . . I don't get to work intensively, remember, because my caseload is so high I can't do what my passion is and that is counselling (Interview transcript [IT]).

DSWs were also frustrated by multi-professional inputs (medical practitioners, psychologists, legal practitioners) on cases, which frequently resulted in conflicting conclusions about a case that often delayed or obstructed service delivery. Furthermore, recent changes in child care legislation, not being able to plan their work schedule, and a lack of professional support augmented work pressure. Receiving meager salaries, in addition to organizational financial restrictions, often left DSWs feeling hamstrung.

Risks often related to challenges unique to statutory duties, which only DSWs were allowed to perform, unless otherwise authorized by the Children's Court. Four taxing aspects were reported, namely, the pace and pressure of the job, court appearances without legal backing and confrontational court experiences, the intricate challenges of certain statutory cases, and the violence and aggression that DSWs were often exposed to during service delivery (for example, one DSW reported being thrown out of a client's house while trying to intervene on a child's behalf). In the wake of these and other previously mentioned stressors, study participants reported psychological tension and exhaustion.

#### *Resilience Processes among South African DSWs*

Despite their familiarity with risk, study participants related lived experiences of resilience. Their resilience practices included practice- and purpose-informing creeds, supportive collaborations, constructive transactions, and accentuating the positive (See Figure 1).



**Figure 1: South African DSW resilience processes**

*Practice- and purpose-informing creeds.* A creed is understood to be “a set of beliefs or opinions which influence the work and life of an individual” (Creed, 2003). The creed on which study participants relied was that of believing that they were called to do child protection social work. French and Domene (2010, p. 8) reflect that a “life calling appears to be deeply intertwined with one’s worldviews and life values” and that one’s calling also enlightens all aspects of one’s life, such as the “pursuit of educational and occupational goals.” All study participants disclosed that they had a passion for, or sense of being called to, child protection social work. Some of them ascribed their calling as originating from their Christian God and,

thus, felt accountable to their God to master their profession. Most study participants, however, reported a sense of being called without clarifying from where such a calling emanated.

Nevertheless, all study participants were adamant that being called was integral to their resilience. Being called informed DSW practice and nurtured study participants' resilience in that it offered the opportunity to reappraise professional challenges (that is, it encouraged meaning making), encouragement to persevere and to remain hopeful (that is, mastery experiences), and the rationale to adjust their own behavior (that is, self-regulation). Thus, being called provided study participants with a sense of purpose because it served as a lens through which they viewed and sustained their commitment to the profession.

In some instances, study participants had been sensitized to the notion of a calling by formative lecturers and/or mentors. Participant 9, for example, recalled how a university lecturer had accentuated being called to do child protection social work as a precondition for resilience: "When I was a student, we had a lecturer who always said: 'If you are not called for this profession, the profession will spit you out'" (IT, P9, 21). Similarly, Participant 3 explained that doing child protection social work was "definitely" a calling because she could not be working for the paltry money (IT, P3, 6). Instead, believing that she was doing something useful made it "enjoyable . . . to get up in the morning . . . it's a calling" (IT, P3, 7). Believing that they were called created a sense of purpose, and purpose encouraged study participants to ascribe meaning to their work and to persevere. To quote Participant 7, "just the knowing that you have a purpose, [that] you are going to mean something to someone, that's why I'm here" (IT, P7, 8).

Those who regarded their calling as rooted in God also expressed faith in God to ensure their resilience. For instance, after detailing the difficulties facing DSWs, Participant 12 referred to her sense that her deity had called her to DSW and how this was supportive of her resilience in

the face of these many challenges: “He [God] does not call the qualified, He qualifies the called” (Narrative, P12). This participant, thus, prioritized being called ahead of being professionally qualified; her sense of calling helped her to remain hopeful and reappraise those professional challenges she faced. Likewise, Participant 10’s belief that “God is the creator of everything [and that] He would not put me in this position if I would not be able to handle it” (IT, P10, 5) promoted her sense of a God-supported calling. Moreover, those study participants who believed that their calling derived from God felt accountable. They were sustained not just because they believed that God would keep them strong, but also because they believed they had a God-given responsibility, and this, in turn, provided a rationale to adjust their behavior and reappraise challenges. Participant 6 summarized this as follows: “He gives me the strength to do what I need to do; He gives me the motivation to do it . . . If I don’t do it, I must answer to Him” (IT, P6, 8).

*Supportive collaborations.* Study participants all mentioned specific supportive relationships of a professional, personal, or religious nature that facilitated their positive adjustment to the risks experienced in child protection social work. These three categories of support encouraged resilience processes in mostly similar ways.

*Professional supportive collaborations.* Although a number of DSWs reported insufficient support from their supervisors, more than half reported that they received resilience-promoting support from them at some point in their career. For instance, Participant 3 indicated how constructive feedback from a former supervisor sustained her when she was experiencing severe work-based adversity after having relocated: “There was a very good director who was a very good supervisor to me . . . she carried me through this [by saying] ‘don’t care so much what they say; they work differently to how we work here’” (IT, P3, 5).

Supportive colleagues were mentioned by all study participants as promotive of their resilience and particularly of their constructive coping with professional challenges. One of the first resources Participant 13 referred to when she was asked what enhanced her resilience was her colleagues and the strength and sense of purpose that she drew from them:

When you wake up in the morning and it's bad for you because of all the things in your diary that needs to happen for that day, but you can still come to work because colleague 1 makes you laugh or because colleague 2 says that . . . you are supported in a different way . . . I think there is a sense of belonging and that you mean something, even when you don't feel like you mean something to the clients (IT, P13, 4).

Other study participants commented that colleagues offered them opportunities to vent and explained how this supported their adaptation: "And then I will go speak to my colleague and tell her how upset and angry I was, after which I will feel better, and then it won't bother me anymore" (IT, P3, 7). Support from non-DSW professionals such as independently practicing therapists, court officials, or colleagues from other social work departments was integral to DSWs' explanations of their resilience, especially for those who did not have supportive supervisors. Study participants explained how such collegial support was a source of practice-related guidance, but also emotional encouragement. For example, Participant 6 enjoyed a supportive relationship with a presiding officer, whom she regarded as a mentor:

I have a very good relationship with my presiding officer. I experienced [this] every time that she protected me in the court case . . . She is available telephonically. So if I have a problem I will phone her before I would make a decision, because I did not always have a supervisor (IT, P6, 6).

Sometimes professional networks were strengthened by shared religious values and practices. Participant 8 described this as follows:

I have very good relationships with the people that I work with, like clinical psychologists, play therapists. We work very well together and that really helps me, because when . . . things are getting a bit rough at her work or my work, we quickly come together and pray . . . we encourage each other (IT, P8, 5).

Supportive relationships with other professionals, colleagues, and occasionally supervisors shielded DSWs against negative health outcomes. At the same time, DSWs were not passive recipients; they negotiated for, or solicited, such support, when necessary. For example, Participant 6 reflected:

What I normally did, when I knew that the case was going to court and that there would be three lawyers, I would consult with her [presiding officer], I did not have a supervisor . . . She would prepare me on what to expect . . . she would look at the quality of my report. So now I know what to expect in the court case because I am prepared by my presiding officer (IT, P6, 6).

An interesting outlier reported by only two study participants related to how their service users/clients encouraged them to withstand the risks of DSW. These study participants related their resilience to their attachment to their service users and explained how these people gave them purpose and encouraged them to persevere:

You start loving the clients so much. You know they give me hugs and often my colleagues ask me why I allow that, and to me there's nothing wrong with that – that

might be the only hug they get the entire month. I really care for the people and I think that's why I'm still sitting here where I sit (IT, P3, 6).

*Personal supportive relationships.* In her narrative, Participant 15 described her family as her “battery charger in life” and her source of “love, acceptance and respect” (Narrative, P15). Participant 7 associated her family with leisure time: “I relax with my family, I enjoy that a lot, I really relax with my children, we sit on our stoep [patio] ‘till late at night” (IT, P7, 15). Family provided affirmation and time out, but also opportunities to debrief, especially when professional opportunities to do so were inaccessible. Participant 10 illustrated this well:

My family is very supportive . . . I talk a lot with my mom. I don't have a lot of debriefing sessions here with our supervisors, especially with sensitive cases . . . I talk to my mom, I call her, I debrief to her (IT, P10, 3).

Similarly, Participant 4 shared the value of her husband's listening:

The first thing is my husband . . . I can come home after work and just go off about work and he will not ask a question; he won't say a word, but he will sit and listen . . . It's that debriefing that we [DSWs] need, and I know of many colleagues who cannot do that . . . So I can release everything. And I can tell him and I can know that he will not talk about it to others (IT, P4, 7).

Friendships also formed part of personal support systems. Participant 4 elaborated on the importance of regular time out with friends and how friends gave her “a boost” (IT, P4, 8). Additionally, her friends made financial contributions when she needed funding to deliver

effective social work services. Their support, therefore, was both emotional and practical. Other study participants emphasized the motivational role of friends. For example, when Participant 2 recounted a specific professionally challenging time in her life, she ascribed her resilience to a motivating friend: “He builds you up. He always says the nicest things, like: ‘you have so much potential . . . you are going to change things’” (IT, P2, 19).

*Religious supportive collaborations.* Many study participants drew strength, hope, and purpose from their relationships with people within the same religious context, as well as from their relationship with the Christian God. As Participant 12 said, “The biggest thing that calms me is the fact that I am a child of God.” Participant 3 explained more about this sense of calm and how her faith encouraged her to reach a state of equilibrium, partly because it gave her an opportunity to express herself:

You struggle with some cases, and then I talk to God and I tell Him. I’ve even written Him letters so I can just talk about these things. I can get very stubborn, and if I can just get these things out then I feel more calm (IT, P3, 11).

The resilience-promoting value of a relationship with a God was echoed by Participant 6, who described how she began and ended her day by drawing hope and strength from “Him”:

So I begin with Him [God], I end with Him and I know where my help comes from. And I know that things will get hectic – it’s not that I deny that, as long as I know where my help comes from at the end of the day (IT, P6, 7).

Similarly, relationships with fellow believers and religious leaders encouraged study participants. Participant 1, for example, explained how her relationship with her pastor fostered

affirmation and reassurance. She had the freedom to talk to him during difficult times and described his being consistently accessible and supportive as resilience enabling:

The knowing that he is there, should I experience a problem, and the knowing that he is very positively inclined towards social workers. In general, they [pastors] understand what we do . . . [so] when I did experience problems I could phone him and tell him it wasn't going well (IT, P1, 10).

*Constructive transactions.* Study participants engaged in five transactions that nurtured resilience. These included respecting personal needs and boundaries, investing in self-care activities, being solution focused, engaging in continuous training and education, and practicing self-control. Engagement in these transactions promoted positive emotions and provided the opportunity to disconnect, rejuvenate, and regain a sense of control. Also, hope, mastery, agency, and self-regulation followed, all of which facilitated study participants' positive adjustment to child protection social work adversities.

*Respecting personal needs and boundaries.* Part of what nourished resilience was that study participants acknowledged and respected their own needs and limitations. They set boundaries regarding work hours and the sacredness of family and leisure time. Respecting work hours allowed Participant 15, for instance, to feel empowered: "I don't take work home at all . . . it gives me control" (IT, P15, 5). Likewise, for Participant 1, respecting personal boundaries and having self-knowledge supported positive adjustment:

It is important for you to know when your cup is overflowing and how to empty it again. Sometimes it is also necessary to just take a day's leave to charge your batteries with

something that is not related to work. Therefore, as an individual you need to know yourself and when you need to break away from work (Narrative, P1).

Study participants' awareness of the needs for boundaries was often reinforced by their families. For example, Participant 13 commented: "It's nice that my husband is strict, like he says I [can] only work till 16:30, and I can't bring work home; it's 'us' time . . . so it helps me, the boundaries that are there" (IT, P13, 5). Supportive social ecologies (such as responsive families) heightened study participants' respect for boundaries, particularly when their homes and families were inviting spaces. Participant 1 related:

They [family] give me joy outside of my job . . . It helps me to rest. I've never taken work home. And I think [that] being able to go home to a safe place where there is joy . . . allows me to rest, and then I can go to work afresh the next day (IT, P1, 4-5).

*Self-care.* Engagement in physical and leisure activities offered DSWs opportunities to relax, disconnect from daily stressful realities, or experience mastery. For example, Participant 2 recounted: "Another thing I do is I'd get home and start washing the floors. You know, it was a way of washing these things off me." She described this physical activity as "enjoyable" because "It made me feel . . . if I'm in control of things at home, I have the courage to face the chaos at the office" (IT, P2, 10-11).

All of the study participants mentioned engagement in physical activities and the concomitant health benefits. During the interview, Participant 12 explained: "I walk everyday. . . it makes me positive . . . It just gives you that bit of whooma, you feel healthy!" (IT, P12, 6). Her everyday walks imply a safe neighborhood or social ecology that offers facilities where walks

can be safely undertaken. Similarly, Participant 11 reported her commitment to physical exercise to keep her calm and less-anxious: “Every morning, regularly, I get up early, Pilates classes . . .” (IT, P11, 12). Many of the study participants specifically reported gardening as a form of revitalizing self-care. Participant 7, for instance, explained how gardening reminded her that she could self-regulate:

I like to work in my garden . . . I enjoy it because you can pull out the weeds . . . when you feel all the bad stuff in your heart, and you pull out the weeds from the ground . . . it’s the same. . . I don’t allow bad stuff to shoot roots in my heart (IT, P7, 14).

*Being solution focused.* Resilient DSWs reinterpreted problems as challenges.

Participant 1, for instance, chose to interpret taxing work issues “in a positive light, not in a negative . . . because . . . challenges are enjoyable” (IT, P1, 3-4). Generally, study participants reported that a solution-focused orientation was protective: it nourished a sense of calm, as well as agency, mastery, and hope.

By and large, DSWs were determined to immediately address problems. Among other benefits, this reduced the stress caused by unresolved issues and offered closure. Participant 4 described her resilient self as one that “tackles problems head on.” This helped her to not “keep stuff inside” (IT, P4, 11). Venting and dealing with problems as they arose was essential to her: “Because the next crisis is going to be there in the next half an hour . . . I can disclose it and then put it behind me” (IT, P4, 4). Participant 1 even went so far as to immediately record solutions when worries interrupted her sleep:

When something bothers me at night or when I wake up at night, then I take a pen and paper and I write down what bothers me and what I think I should do, then I can go back to sleep. I then sleep like a baby. It just feels like I've let that all out (IT, P1, 11).

For others, including Participant 15, immediately dealing with issues sustained constructive workplace relationships, but also had a self-protective value:

I want to talk it out and sort it out immediately. People always know where they stand with me, always! . . . When people know where they stand with you they can't misuse you . . . social workers get misused a lot and get walked on, and it's not going to be done with me (IT, P15, 8).

*Engaging in continuous training and education.* DSWs reported ongoing education and training as facilitative of a sense of mastery, self-efficacy, and agency. For instance, Participant 14 described her attendance of a leadership course as enabling of hard and soft skills: "It equipped me with tools that I did not previously have." As a result, she felt she was of "value" (IT, P14, 5). Similarly, Participant 12 shared the multifaceted value of ongoing education by referring to the benefits she obtained from attending an HIV/AIDS course: "Improved knowledge . . . teaches you how those people think and what a terrible disease those people have; it makes you grateful and it helps you get a new perspective. [You gain] a lot more self-confidence" (IT, P12, 9). Study participants also reported that continued training offered social learning opportunities that were valuable, not only because of the knowledge that was acquired, but also because of the supportive relationships and opportunities to debrief and take time out. As Participant 13 explained: "It's not just about training; it's also about getting there

and meeting other people, and networking and debriefing with others. That's really nice, because you also learn from other people" (IT, P13, 11). In some instances, study participants emphasized that DSWs had a responsibility to seek out, and negotiate for, continued training. Participant 3, for example, was emphatic that:

There are several learning opportunities, as well as the new Children's Act that was recently implemented. There really is no time to be stagnant. If that happens, it truly is your own fault. It is your own responsibility to investigate new therapeutic techniques and to attend courses (Narrative, P3).

*Practicing self-control.* DSWs reported that behaving in a controlled manner helped them deal with difficult or threatening situations. Participant 7, for instance, explained how it would just become a "big mess" if both the service user and the DSW lost control and emphasized the importance of emotional self-regulation. Such control facilitated constructive outcomes for the client and DSW and reduced the DSW's stress: "[Then] we can get to a point, and you can make a plan. And if the client is unable to control his emotions, you can help him because then you are the sober one" (IT, P7, 11).

A few study participants explained that prioritizing emotional regulation was embedded in their values, either emanating from their religions/cultures or personal upbringings. For example, Participant 15 remained courteous toward an unjust supervisor because she valued her family's expectation of her to be respectful at all times: "I grew up like that" (IT, P15, 8). According to her Africentric culture, she was socialized to be tolerant of, and considerate toward, her fellow human beings. Observing these values facilitated her composure and reduced potential

conflict or interpersonal problems that would have added additional pressure to her already challenging life.

*Accentuating the positive.* Study participants celebrated victories, shared humor, and chose positive company (see below). Their emphasis on the positive and preference for positive people offered several protective processes that potentially buffered poor health.

*Celebrating victories.* Study participants emphasized the importance of highlighting small victories in their careers. When Participant 2 was asked “What keeps you going?”, she answered: “You know what, hey, I think it’s that one in every five children that you can help” (IT, P2, 17). Similarly, Participant 10 explained how focusing on that which she could do, as opposed to all she had not achieved, helped her cope well:

I always say that [it’s] the three people . . . out of the 300 caseload, or ten files . . . that I can put my social work passion into. So, that’s what makes me wake up and say “I’m going to work.” . . . I always say, “the little that I can do, those ten files, if I can give my best and my social work best in those ten files, I’m satisfied” (IT, P10, 5).

Other study participants, such as Participant 5, emphasized that true victories lay in “the simple things, the small things” such as sharing a smile with a service user and that such everyday accomplishments sustained her.

*Sharing humor.* Being able to laugh and share humor in a stressful work context supported positive adjustment. Participant 15 confirmed the resilience-enhancing effect of humor when she explained how she coped positively in the profession: “I laugh a lot. And easily. I joke about everything . . . some social workers say it’s cynical, because how can you laugh about it? But it’s survival” (IT, P15, 5). Similarly, Participant 13 reported:

They say we have black humor . . . If a case is doom and gloom and terrible, and if someone can just say something that's funny about it, you can see a different side to the situation . . . it makes things lighter . . . Then you can get up and continue again (IT, P13, 10-11).

In the same way, Participant 5 discussed one of the advantages when spending time with friends – the humor she was able to find in her work and how this helped her:

That's when you make jokes about your job, like of wow this happened today, and you get to realize it's not only me as a social worker that goes through these difficulties, other [professions] also go through these difficulties . . . you just laugh it off . . . you release it in a way" (IT, P5, 10).

*Choosing positive company.* Study participants were unequivocal about the importance of associating with positive people. Participant 7 summarized this simply: "I think you must stay away from people who are negative" (IT, P7, 16). The merits of positive company included how positive-minded people buoyed DSWs. Participant 11 explained: "they give you positive feedback about your work and that helps a lot – the fact that when one person puts you down, there is someone else who lifts you" (IT, P11, 6). Study participants also reported non-physical access to positive company, including virtual (for example, online) or literary (for example, positive, uplifting stories or motivational books) access. For example, Participant 3 enjoyed reading the work of motivational speaker Joel Osteen, who taught her that "you can do it . . . you have the potential to do it" (IT, P3, 17).

## **Discussion**

DSW resilience was informed by a DSW-social ecology co-investment in protective practices. This resilience-informing partnership centered around four protective practices: practice- and purpose-informing creeds, supportive collaborations, constructive transactions, and accentuating the positive. Each practice was multifaceted or made up of sub-processes (for example, constructive transactions included respecting personal needs and boundaries, investing in self-care activities, being solution focused, engaging in continuous training and education, and practicing self-control). The multidimensionality and reciprocity of the DSWs' protective practices align with understandings of resilience processes as complex systematically supported transactions (Lerner, 2006; Ungar, 2011). The everyday nature of these practices also fits in with Masten and Wright's (2010, p. 222) notion that positive adjustment is "powered by basic human adaptive systems."

To some extent, the practices described above fit in with prior studies of DSW resilience. For example, Kearns and McArdle (2012) noted that early-career DSWs from the United Kingdom drew strength from supportive collaborations with managers, the constructive practice of continuous training, and by accentuating the positive. However, because these practices were associated with resilient transitions from student to practitioner, their continued relevance to resilience processes is unclear. Amrani-Cohen (1998) associated supportive engagements with friends and co-workers and having a sense of professional purpose with resilient DSW. Likewise, Byrne (2006) linked supervisory and peer support, education, humor, faith and living with one's family, appreciation for small positive changes, and enjoying support from friends with American DSW resilience. All these studies pointed to the ordinariness of the resources that informed resilience processes.

The understanding that four basic, multifaceted practices underpin the resilience of South African resilient DSWs potentiates more than knowing which resources are associated with DSW resilience. It potentiates detailed comprehension of how some South African DSWs adapt constructively to the risks that threaten their wellbeing. There was no hierarchical order to how these protective practices operated, but there was some evidence that DSWs and social ecological partners' contributions to these protective practices and their sub-processes varied across and within protective practices, thereby reinforcing understanding of resilience as a dynamic process in which individuals and their social ecologies invest (Ungar, 2011). In one instance, co-investment seemed equally weighted (i.e., shared equally by both parties), as will be explained below. Mostly, shared investment showed differential weighting, as also detailed below. In instances of differential weighting, depending on the protective mechanism, either DSWs or the social ecology appeared to drive the process, with the other partner reciprocating.

Practice- and purpose-informing creeds illustrate how South African resilient DSWs and their social ecologies invested equally in protective practices. For the purposes of illuminating equal co-investment, I use the process of practice- and purpose-informing creeds. Resilient South African DSWs believed that they were called to their profession. DSWs' observations of the positive influence that purpose-supporting creeds had on their work further encouraged their efforts to honor their creed. Mentors, colleagues, and religious influences foregrounded that a calling was critical to DSW. In study participants' accounts, it was unclear which came first or whether one contribution was more pronounced than the other, thereby suggesting evenly matched investment in the process of creeds. Regardless, the sense of a calling encouraged steadfastness and meaning that supported adjustment during severely stressful times. Previous resilience studies with non-DSW professionals, such as teachers (Cuban, 1995; Gu & Day, 2007;

Koen, 2010; Sumsion, 2004), youth (Theron & Dunn, 2010; Theron, Stuart, & Mitchell, 2011), and unaccompanied asylum-seeking minors (Ni Raghallaigh & Gilligan, 2010) reported the salience of a sense of purpose and strong belief to resilience processes. As with the DSWs of the current study, a strong belief in “religious or secular commitments” that extended into a personal creed was shared by teachers who regarded their profession as a calling (Cuban, 1995). These studies, however, did not theorize how resilience-supporting creeds drew on co-investment from individuals at risk and their social ecologies.

What is noteworthy is that *only one* non-South-African study pertaining to DSW resilience (Amrani-Cohen, 1998) reported a resilience-promoting factor similar to that of a personal creed, namely, having a professional purpose. How this professional purpose nourished resilience in American and Israeli DSWs was, however, not explained, and it was reported as a factor, not a process. The other two non-South-African studies of DSW resilience (Byrne, 2006; Kearns & McArdle, 2012) did not report a personal creed as a process contributing to their resilience; yet study participants were unequivocal about the important role that their practice- and purpose-informing creed played in their positive adjustment to relentless workplace adversities.

Most protective practices informing DSW resilience involved an uneven weighting. The most obvious example was that of supportive collaborations. Within this protective practice, DSWs generally prompted collaborations by initiating contact with friends, family, or colleagues when they were confronted with adversity to receive emotional support or guidance. Their socio-ecological partners then responded constructively and supportively, possibly because DSWs had made their needs patent. Positive spin-offs for DSWs included sustained hope, self-efficacy, and perseverance, along with opportunities for rejuvenation and leisure. Although DSWs initiated

collaborative support by navigating purposefully toward healthy networks, social ecological involvement was essential to generating the buttressing that DSWs needed. The resilience-promoting influence of supportive relationships has been recognized among youth/young adults (Theron et al., 2011; Ungar, 2008), professionals such as teachers and nurses (Cameron & Brownie, 2010; Castro et al., 2010; Koen, 2010), trainee social workers (Kinman & Grant, 2011), and newly qualified DSWs (Kearns & McArdle, 2012). However, none of these prior studies commented on the genesis of supportive collaborations.

The fact that DSWs initiated attachment-based support processes raises questions about how “decentred” (Ungar, 2011, p. 5) resilience processes are in DSW practice. Although DSWs could draw on attachment supports, would their social ecologies spontaneously have enabled positive adjustment had they shown less agency (Ungar, 2008)? The pattern of DSW-led collaborations potentially flags unhealthy stereotypes of DSWs. Are social ecologies possibly oblivious to DSWs’ need for support until DSWs make their need apparent because of unwritten social expectations of their being “tough” and able to cope with adversities? Does the stereotype of DSWs as service providers or carers obfuscate the normality of carers’ needs for caring?

Moreover, at times, DSWs used supportive familial and friendship networks as a type of debriefing forum. Even though study participants experienced sharing difficult cases with family/friends as resilience supporting, it was unethical for them to breach confidentiality by discussing their cases and work with family and friends (South African Council for Social Service Professions, n.d.). In this sense, this specific pathway to resilience was atypical (Ungar, 2011), prompting questions as to the need for socially unacceptable routes to resilience. Were DSWs forced to seek support, which was strictly unethical, because of superiors’ endorsement of expectations that the former were able to cope? Were DSWs forced to find debriefing

opportunities for themselves because their supervisors and colleagues were overwhelmed by the same risks that threatened study participants? Also, how did helpful families and friends manage the information imparted to them, particularly if such information included disturbing accounts of child abuse? If the health and well-being of DSWs and their supportive networks are to be protected, then ministers of social development, designated child protection NGOs, and supporting health professionals need to investigate meaningful ways of challenging DSW stereotypes and of ensuring accessible and ethical debriefing opportunities for DSWs.

As in the above example, lived experiences of the resilient South African DSWs in the study informing this manuscript suggested that they themselves instigated most resilience-supporting practices. Whether they chose positive company, behaved in solution-focused ways, pursued continued education, practiced self-control, or nourished supportive attachments, the impetus was DSW driven. They did not always initiate protective practices, however.

A case in point that demonstrates how social ecologies instigated protective practices is the way in which supportive family members expected DSWs to set and respect boundaries by, for instance, appealing to them not to take work home or to leave their offices at the prescribed time. When DSWs reciprocated and respected these expectations, they reported resilience-supporting consequences such as feeling in control and being able to unwind (P13, IT, 5-6). Kinman and Grant (2011, p. 11) report the value of “clear emotional boundaries” to trainee social worker resilience, but do not comment on how such boundaries are set up or maintained. Although earlier work on resilience confirms the significant role of social ecologies, including families, in enhancing the positive adjustment of those at risk (Ungar, 2012), the protective value of families expecting commitment to respecting boundaries has not been previously reported. Ironically, some families drove protective practices when they did not expect DSWs to respect

boundaries. In such instances, family members acted to support DSWs by taking over responsibility for domestic tasks without DSWs' needing to ask. In both scenarios, families played an active role in driving protective practices by either demanding respect for, or consenting to the violation of, boundaries. Perhaps this points to there being no prescribed route to how families can support DSWs. Rather, the emphasis appears to be on the value of families taking the initiative to support family members engaged in child protection social work in various ways.

Evidently, the social ecology (such as family, friends, professional support and supervision or mentoring) significantly facilitated the resilience processes in study participants. Since (a) supervision within the profession of social work is mandatory (DSD & SACSSP, 2012), and (b) supervisors represent one aspect of the South African DSW social ecology, it might be a sensible departure point (that is, the DSW supervision relationship between DSW supervisor and DSW) to commence the process of promoting South African DSW-resilience by means of applying DSW-resilience promoting guidelines? Although this supervision relationship is alone not representative of the entire South African DSW social ecology, it might be a step in the right direction.

A possible limitation to the understanding of South African DSW resilience as a partnered, weighted process is that this understanding flows from a study that mirrors the temporally and contextually bounded experiences of 15 resilient South African DSWs. These study participants were deliberately recruited because their lived experiences suited the aim of the study informing this manuscript. Moreover, their experiences were interpreted and retold by the researcher in this manuscript (Altheide & Johnson, 2011). As such, although the working

hypotheses that I offer in the explanation of South African DSW resilience provide a rich answer to the research question prompting my study, its limitations must be recognized.

## **Conclusion**

Although the reported resilience practices are not new, their reliance on both DSWs and their social ecologies foregrounds that the resilience of South African DSWs is system dependent. Ungar (2011 p. 5) argues that to support resilience, the individual should be “decentred,” but from the accounts of South African DSWs reported in the study informing this manuscript, it seems that these DSWs were not sufficiently “decentred,” even though their social ecologies partnered them in all resilience-enhancing practices. To support DSW resilience, it is imperative that researchers search for exemplars of more equally weighted resilience-supporting partnerships and harness such insights to promote DSW resilience. A possible step toward the promotion of South African DSW resilience is the formulation of resilience-promoting guidelines (informed by literature and Truter, 2013b-c) within a reflective social work supervision model (Engelbrecht, 2013).

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## **PREFACE**

The following manuscript “*Guidelines for Promoting Designated Social Worker Resilience within Reflective Supervision*” will answer the following secondary research question: “*What guidelines, emanating from previous research findings and literature, could be developed to assist DSW supervisors to promote DSW resilience within reflective supervision?*”

**MANUSCRIPT 4**

**Guidelines for Promoting Designated Social Worker Resilience  
within Reflective Supervision**

*Prepared for submission to journal*

**SOCIAL WORK/MAATSKAPLIKE WERK**

## **GUIDELINES FOR AUTHORS: MAATSKAPLIKE WERK/SOCIAL WORK**

**EDITORIAL POLICY/REDAKSIONELE BELEID** The Journal publishes articles, book reviews and commentary on articles already published from any field of social work. Contributions may be written in English or Afrikaans. All articles should include an abstract in English of not more than 100 words. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice. Articles of less than 2,000 words or more than 10,000 words are normally not considered for publication. Submit the manuscript as a Microsoft Word document, in 12 pt. Times New Roman, double line spacing. Use font Arial in charts and diagrams. The manuscript should be sent electronically to [hsu@sun.ac.za](mailto:hsu@sun.ac.za). Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. "... (Berger, 1967:12). More details about sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors. Note the use of capitals and punctuation marks in the following examples. In terms of SANSO-014 our journal is classified as an approved research journal for the purpose of subsidy by the State. The Editorial Board has therefore decided that an amount of R100.00 (hundred Rand) per page is to be paid for published articles by authors who are lecturing or doing research at Universities in the RSA. Die Tydskrif publiseer artikels, boekbesprekings en kommentaar op reeds gepubliseerde artikels uit enige

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**TWO AUTHORS/TWEE OUTEURS: SHEAFOR, B.W. & JENKINS, L.E. 1982. Quality field instruction in social work. Program Development and Maintenance. New York: Longman.**

**COLLECTION/BUNDEL ARTIKELS: MIDDLEMAN, R.R. & RHODES, G.B. (eds) 1985. Competent supervision, making imaginative judgements . New Jersey: Prentice-Hall.**

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**INTERNET REFERENCES/VERWYSINGS: McKIERNAN, G. 1998. Beyond bookmarks: schemes for organising the Web. Available: <http://www.public.iastate.edu/CYBER-STACKS/CTW.htm>. [Accessed: 18/06/1998].**

## **ABSTRACT**

The importance of social workers and the jeopardy in which professional risks place them and service users are well recognised. Although there is a call to enhance social worker resilience, little is known about designated social worker (DSW) resilience, and no guidelines exist to equip South African DSW supervisors to promote supervisee resilience. The study informing this manuscript provides broad guidelines to promote South African DSW resilience within reflective supervision based on research pertaining to (a) a qualitative research synthesis of social worker risk and DSW resilience processes, (b) a South African DSW expert advisory panel, and (c) 15 resilient South African DSWs, to potentially assist DSW supervisors to promote resilience in South African DSWs.

**Keywords:** social worker, designated social worker, South African, supervisors, framework, reflective supervision, resilience, guidelines, resilience processes, risks, advisory panel

## **OPSOMMING**

Die belangrikheid van maatskaplike werkers en die gevaar waarin professionele risiko's hulle en diensgebruikers stel, is welbekend. Alhoewel daar 'n oproep gedoen is om veerkragtigheid van maatskaplike werkers te versterk, is daar min inligting oor die veerkragtigheid van statutêre maatskaplike werkers (SMWs), en geen riglyne bestaan om Suid-Afrikaanse SMW-supervisors toe te rus om diegene waarvoor hulle toesig hou, se veerkragtigheid te bevorder nie. Hierdie studie voorsien breë riglyne om Suid-Afrikaanse SMW-veerkragtigheid binne reflektiewe supervisie te bevorder gebaseer op navorsing met betrekking tot (a)'n kwalitatiewe navorsingsintese van maatskaplike werk-risiko's en SMW-veerkragtigheidsprosesse, (b) 'n adviespaneel van SMW-deskundiges, en (c) 15 veerkragtige Suid-Afrikaanse SMWs om SMW-supervisors potensieel by te staan om veerkragtigheid in Suid-Afrikaanse SMWs te bevorder.

**Sleutelwoorde:** maatskaplike werker, statutêre maatskaplike werker, Suid-Afrikaanse, supervisors, raamwerk, reflektiewe supervisie, veerkragtigheid, riglyne, veerkragtigheidsprosesse, risiko's, adviespaneel

## INTRODUCTION

The South African government has promulgated a new Children's Act (Act 38 of 2005) in response to various gaps that existed in previous statutes and to be aligned with the South African Constitution and International Laws (Bosman-Sadie & Corrie 2010). This new Children's Act (Act 38 of 2005) clearly differentiates among different services to be rendered and the designated persons to render these services. As a result of the eclectic nature of the social work profession, social workers execute several roles, one of which relates specifically to statutory protection of children. "Designated" is the term coined by the Children's Act (Act 38 of 2005) to describe this specific group of social workers in South Africa who are mandated to protect children by means of *direct statutory intervention* (that is, removal of children who are in need of care and protection). Designated social workers (DSWs) are employed by the Department of Social Development, designated child protection organisations, which are registered with the Department of Social Development, and municipalities (Bosman-Sadie & Corrie, 2010).

Unless authorised by the Department of Social Development or a presiding officer of the children's court, no other social worker (that is, a social worker employed in the health, education, correctional, mental health, or any other setting) is authorised to perform such statutory duties. Globally, DSWs perform similar duties, but are labelled differently: some countries refer to DSWs as, among others, statutory social workers, front-line workers, child protection workers, child welfare workers, and children's services [workers] (Conrad & Kellar-Guenther, 2006; Douglas, 2013; Jones, 2001; Kearns & McArdle, 2012; Law, 2011; Littlechild, 2003; Narain, 2011; Russ *et al.*, 2009).

All types of social workers are placed at risk by challenges such as work overload, depression, staff shortages, secondary traumatic stress, burnout, compassion fatigue, and exposure to violence and aggression (Gibbs, 2001; Kim *et al.*, 2011; Littlechild, 2003; Morris, 2005; Stanley *et al.*, 2007; Storey & Billingham, 2001; Tham, 2006; Yurur & Sarikaya, 2012). However, a few studies highlight the particularly taxing and physically dangerous context of DSW (Beckett, 2007; Bennett *et al.*, 1993; Byrne, 2006; Coffey *et al.*, 2004; Collins, 2008; Gibbs, 2001; Green *et al.*, 2003; Munro, 1996; Russ *et al.*, 2009). Resilience literature, among others, underlines the likely consequence of detrimental aftermaths when people are exposed to risks (Masten & Wright, 2010). However, when people adjust well despite exposure to risk, resilience processes – typically supported by constructive social ecologies – explain their positive adaptation (Ungar, 2011).

Resilience is not an individual trait, as previously thought (Bottrell, 2009); rather, it is a complex interaction between a person at risk and a given social ecology. Together, they engage in resilience-supporting processes (such as meaning making, problem solving, and bonding - Masten & Wright, 2010), which encourage functional outcomes in the face of challenging circumstances (Ungar, 2011, 2013). Of relevance to the study informing this manuscript is how variable resilience-supporting interactions are within and across contexts of risk (Masten & Wright, 2010). In the course of her personal experience as a DSW and in her supervisory interaction with social work students and DSW practitioners, the researcher gained first hand experience of this variability. Given the attention drawn to DSWs' particularly taxing work contexts, as well as the mandatory role DSWs play in protecting the constitutional rights of children, it became imperative for her to better understand the resilience of South African DSWs if DSW resilience were to be nurtured.

As made public (Truter, 2013b-d<sup>4</sup>), this process started with a qualitative research synthesis, which confirmed social worker risk and revealed that little was known about DSW resilience and nothing about South African DSW resilience. To remedy this lack of knowledge, the researcher consulted with a panel of social work, DSW and resilience experts (that is, an advisory panel or AP) to determine probable indicators of resilience in resilient South African DSWs. Using these indicators, the researcher recruited 15 resilient South Africa DSWs. These study participants generated written narratives and participated in semi-structured interviews that illuminated how they adjusted well to the risks embedded in their profession. The data supported an understanding that resilient South African DSWs engaged in four core processes, namely, practice- and purpose-informing creeds, supportive collaborations, constructive transactions, and accentuating the positive.

All four of these resilience processes can potentially be supported by DSW supervisors who are responsible for monitoring and supporting the emotional well-being of social workers (Botha, 2002; Kadushin & Harkness, 2002). Although South African DSW resilience relies on an investment by their social ecology (Truter, 2013b-d), this manuscript focuses only on the role of DSW supervision and the DSW supervisor, as representative of the social ecology (Ungar, 2012). Recently, the researcher also shared the preliminary results of her study with a group of South African DSW supervisors during a supervision training session. These supervisors confirmed their need for not only knowledge, but also practical guidelines on how to assist the promotion of resilience in DSWs under their supervision. Their articulated need, along with the multiple calls in the literature to promote social worker (including DSW) resilience (Collins, 2007; Gibbs, 2001; Green *et al.*, 2003; Kearns & McArdle, 2012; Littlechild, 2003) and the

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<sup>4</sup> Note to examiners: the content of Truter (2013b-d) is detailed in Manuscripts 1 to 3. When Manuscripts 1 to 3 are accepted for publication, the reference to Truter (2013b-d) will be expanded.

absence of guidelines to support South African DSW resilience, confirmed the need for the study informing this manuscript and its potential towards addressing this gap.

### ***Resilience promotion***

Resilience develops over time (Fletcher & Sarkar, 2013) and so DSWs may initially be resilient and/or may manage (or not) to continue functioning at normal levels, despite daily exposure to adversities (Bonanno, 2004). Thus, reacting positively to adversity at one point in life, need not predict similar positive adjustment to negative outcomes at a later stage (Ungar, 2011). Since resilience is such a complex and fluid phenomenon, enhancing resilience should be well planned within a suitable intervention approach.

Three types of approaches to intervention are identified in resilience literature regarding the promotion of resilience. Firstly strategies focused on reducing risk and aim to reduce exposure to adversity. Secondly, strategies attentive to assets: these strategies are interested in increasing the number and quality of resources. Thirdly, process-orientated strategies that involve influencing processes that will change the child's (or person at risk's) life, instead of merely limiting exposure to risks or increasing the number of resources (Masten *et al.*, 2009). Although these strategies are aimed particularly at fostering resilience of *children* who are at risk, the principles of these proposed strategies may be applied to others at risk, such as DSWs. A process-focused strategy was chosen as a reference for South African DSW resilience-promoting guidelines, since it was very unlikely that exposure to risks would be reduced or that there would be an escalation in the availability of resources in the context of South African DSW. One such process, is social worker supervision.

### *Social work supervision*

The importance and functions of supervision of social workers, including DSWs, are acknowledged worldwide (Adduci & Baptist, 2011; Bradbury-Jones, 2013; Green & Dekkers, 2010; Ingram, 2013). In South Africa, supervision in the social work context is defined as a “process whereby the supervisor performs educational, supportive and administrative functions in order to promote efficient and professional rendering of services” (New Dictionary of Social Work, 1995). From this definition, it is clear that the social work supervisor in South Africa (Botha, 2002) and elsewhere (Kadushin & Harkness, 2002) has a duty to fulfil three main functions, namely, administrative, educational, and supportive. Each of these functions will be briefly described, with additional attention given to the support function of a social work supervisor.

Firstly, the administrative function requires the supervisor to perform several managerial duties such as the development of programmes, staff employment, planning, and delegating (Botha, 2002; Tsui, 1997). Secondly, the educational function pertains to, among other features, in-service training and the responsibility of the supervisor to educate his/her supervisees (social workers) on skills, knowledge, and attitudes that will contribute to effective service delivery (Botha, 2002; Kadushin & Harkness, 2002). Thirdly, the support function is concerned with emotionally supporting social workers. Supervisors are responsible for either removing social workers from stressful situations or helping them adjust optimally to stress; if the support function is neglected, the performance of social workers could, among other negative consequences, be affected negatively (Botha, 2002; Kadushin & Harkness, 2002). It is within this latter function, embedded in the social work supervisory process, that the promotion of resilience could, thus, take place.

Different *models* of supervision exist and are used across professions such as the police (Brehm & Gates, 1993), medicine (Kilminster & Jolly, 2000), counselling (Dunbar-Krige & Fritz, 2006; Ward & House, 1998), and education (Emde, 2009; Weigand, 2007; Weiss & Weiss, 2001). Similarly, social work literature reports the application of a few models and interventions in the supervision context, namely, feminist supervisory practices (Green & Dekkers, 2010), a model for the co-creation of emotionally intelligent supervision (Ingram, 2013), a study participant-driven model using the International Association for Social Work Practice (Muskat, 2013), the collaborative affirmative approach (Adduci & Baptist, 2011), and reflective supervision (Bradbury-Jones, 2013; Paris, 2012).

For decades, reflective supervision has been used – and is still being used – by professionals, among others, in education (Emde, 2009; Weigand, 2007; Weiss & Weiss, 2001), nursing (Driscoll & Teh, 2001), and social work (Bradbury-Jones, 2013; Gibbs, 2001; Grant & Kinman, 2012; Paris, 2012). Authors have commented on the potential positive outcomes and need for reflective supervision in social work (Engelbrecht, 2013; Gibbs, 2001), and the direct relationship between reflection and resilience (Collins, 2008; Grant & Kinman, 2012). However, the researcher could not find any available scholarly articles or grey literature on guidelines to support *South African DSW supervisors* to reflectively promote the resilience of their supervisees. She therefore, decided to embed resilience-promoting guidelines for supervisors of South African DSWs, within a reflective supervision model (Paris, 2012).

## **RESEARCH QUESTION**

The research question that guided the study informing this manuscript was as follows: what guidelines, emanating from previous research findings (Truter, 2013b-c) and literature, could be developed to assist DSW supervisors in promoting South African DSW resilience within reflective supervision?

## **METHOD AND PROCEDURE**

This study was based on resilience literature and findings emanating from a preceding qualitative phenomenological study (Truter, 2013c-d). For the purposes of this study, the researcher revisited the resilience processes reported by the 15 resilient South African DSWs who participated in her study (Truter, 2013d). In summary, these DSWs adapted by means of engaging in four resilience processes, namely, practice- and purpose-informing creeds, supportive collaborations, constructive transactions, and accentuating the positive. A salient observation made by the researcher was that these processes were reciprocated between the DSWs and their social ecologies (for example, their families) and that these shared processes were, mostly, unequally weighted and, at times, equally weighted. What this meant was that, in some instances, DSWs in the study and their social ecologies invested an equal amount of energy in the process of encouraging resilience; yet, at other times, either the DSW, or the social ecology, invested more effort to initiate resilience processes (Truter, 2013d). Evidently, these DSWs could adjust well to workplace adversities because of supportive social ecologies and because they navigated towards, and negotiated for, protection with these social ecologies (Ungar, 2008). As explained earlier, for supervisors to use these findings meaningfully to support of DSW resilience, these findings needed to be transformed into practical guidelines. This process is explained below.

### *Development of guidelines*

A guideline might be considered an advised approach of achieving a preferred goal (Shekelle *et al.*, 1999). Guidelines are not binding or fixed and may not be forced on practitioners. Guidelines may vary in application, depending on the clinical situation; thus, the clinical practitioner should always give priority to his or her judgement of a case before applying suggested guidelines (American Psychological Association, 2012). The process of developing these guidelines will now enjoy attention.

Guidelines were developed by first identifying a framework within which guidelines could be rooted. Paris (2012) presented a workshop paper entitled “Building resilience through reflection – developing social workers and practice educators”. This presentation discussed resilience and how it related to the social work profession, but also the role of reflective supervision in building social worker resilience. Paris (2012) proposed an adapted model of reflective supervision (adapted from the work of Boud *et al.*, 1985 and Johns, 1995). Reflective supervision is recognised in social work (Emde, 2009), and its value already highlighted as far back as 2001 (Gibbs, 2001). This adapted model (Paris, 2012) was chosen by the researcher to provide a framework in which South African DSW supervisors could assist to promote resilience in South African DSWs. The motivation for the selection of this model was because of its specific reference not only to social workers, but also to resilience promotion.

This model (Paris, 2012) focused on identifying experienced feelings related to a specific event/situation and helping the individual to reflect on how he or she could have handled the event/situation better and to identify lessons learnt. The researcher adapted this model so that it focused on identifying situations in the DSWs’ life that potentially introduced risks and helping the DSW to reflect on current resilience processes, with the proposal (through reflective

questioning) of alternative resilience process that involved navigation towards and negotiation with their supportive social ecology (Ungar, 2008). Identifying ways of sustaining resilience processes was a further focus of the researcher's modified model. The model was also adjusted in terms of the labels of each stage and the contents of each stage: **Stage 1** was originally labelled "Return to experience", **Stage 2** "Attend to feelings", **Stage 3** "Re-evaluate the experience", and **Stage 4** "Learning". The researcher modified the labels of **Stage 2** "Attend to feelings and development of potential risks" and **Stage 3** "Evaluate existing processes of positive adaptation to risks". The labels of Stages 1 and 4 remained unchanged. See Figure 1 for a visual summary of these stages.

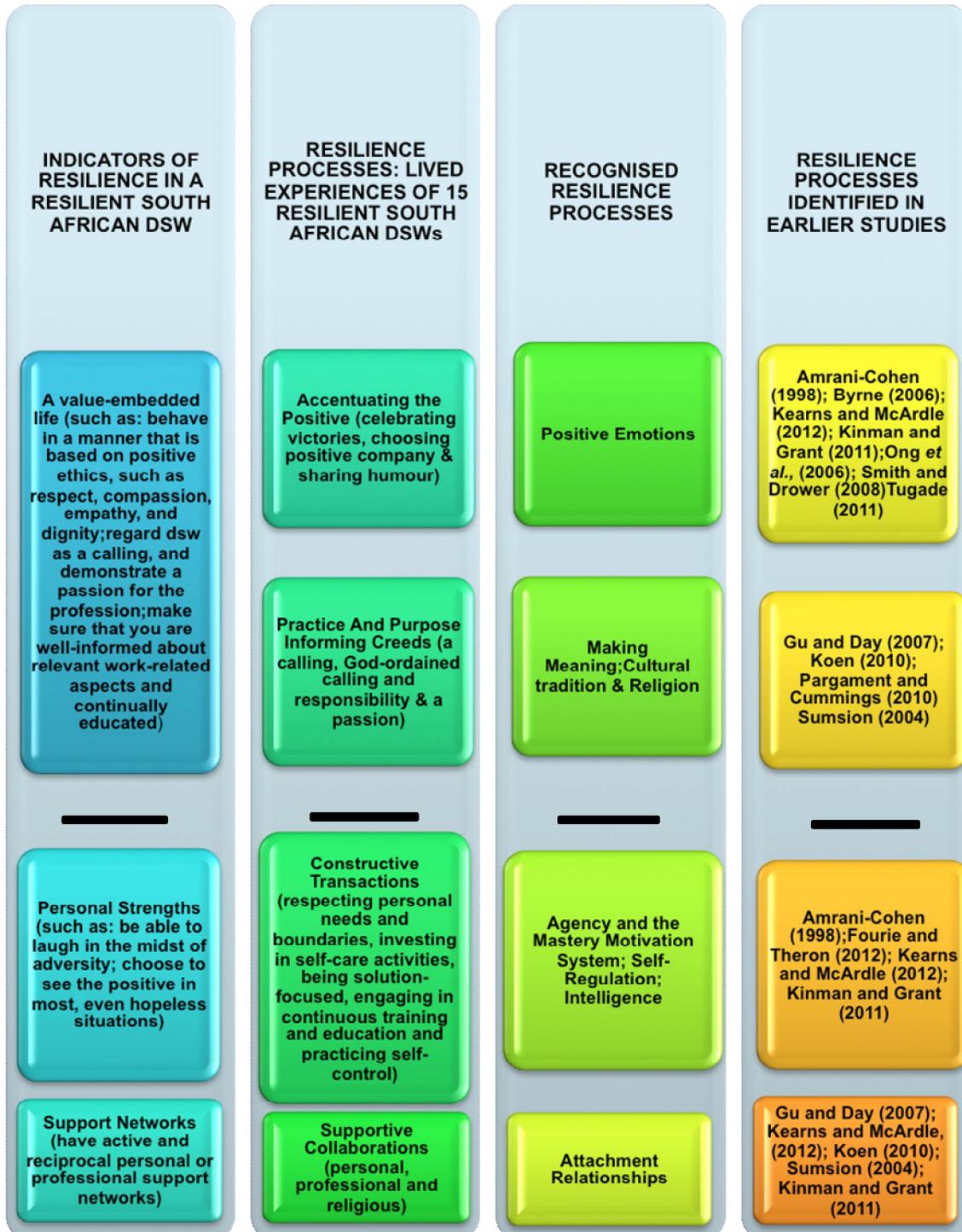
**FIGURE 1: RESILIENCE-PROMOTING GUIDELINES FRAMED BY AN ADAPTED REFLECTIVE SUPERVISION MODEL**



Relevant literature and research findings (Truter, 2013b-d) were utilised to direct the design of the guidelines. See Figure 2 below for a schematic representation of these research findings and how they align to resilience literature. The research data were originally coded to formulate themes and answer former research questions (Truter, 2013c-d). These data were again coded by the researcher to answer the following research question: what reflections, deriving from the

research findings (Truter, 2013c-d), could be formulated and used in these guidelines? Coding was done independently by the researcher, followed by a consensus discussion with an independent academic (De Vos, 2005). Following the consensus discussion, reflective questions, strategies and actions were formulated.

**FIGURE 2: SOUTH AFRICAN DSW RESILIENCE INDICATORS AND PROCESSES (TRUTER, 2013c-d) ALIGNED WITH RECOGNISED (MASTEN & WRIGHT, 2010) RESILIENCE PROCESSES AND FORMER EMPIRICAL FINDINGS**



## **RESILIENCE-PROMOTING GUIDELINES FRAMED BY REFLECTIVE SUPERVISION**

The literature is clear on what would be regarded as an acceptable supervisory style in the context of reflective supervision, and several fundamentals in this regard are proposed. Due to the central role the DSW supervisor will adopt during the implementation of the proposed resilience-promoting guidelines, the researcher endorsed fundamentals of reflective supervision. These are outlined below. These fundamentals are followed by key considerations that the DSW supervisor could take into account prior to the application of the resilience-promoting guideline stages and strategies. Next, the researcher outlines the four stages of the adapted model (Paris, 2012), with resilience-promoting strategies embedded in Stage 3.

### ***Fundamentals of reflective supervision***

The literature suggests that supervisors need to embrace a particular approach to the reflective supervision context (Weigand, 2007), which, among others, refers to competence, supervisory style, and overall conduct of supervisors. The researcher proposed that it was essential for the implementation of the proposed guidelines that supervisors needed to be familiar with, and embrace, the following fundamentals of reflective supervision:

- The supervision session may flow from the other functions of supervision, and the DSW will determine the agenda. The DSW will either share voluntarily, or the supervisor will have to invite discussion on emotionally significant events.
- The DSW is the expert; thus, attempting to promote resilience within a framework of reflective supervision is not about expert knowledge or practice experience, but rather about the lived experience of the DSW (Weigand, 2007).

- Self-determination: the DSW will determine the direction and content of discussion; the supervisor is not to force the DSW to explore or reflect on risks if the DSW does not want to (Weigand, 2007). It is recommended that the DSW supervisor does not suggest any solutions, but guides the DSW if it seems necessary or if the DSW requests it.
- The point of departure is the “here and now”: former resilience and risk experiences do not predict current or future resilient functioning (Ungar, 2011, 2012, 2013).
- The supervisor must have realistic expectations of himself/herself and the DSW: not all challenges or risks can be eliminated, but DSWs can learn to adjust positively to such risks (Kadushin & Harkness, 2002).
- Reflective supervision may be intimate and exposing; a positive and trustworthy relationship preceding such supervision is, thus, necessitated (Weigand, 2007). Values such as confidentiality, sensitivity to differences, and respect for uniqueness are crucial (SACSSP, n.d.).
- A non-judgemental attitude is necessary; the DSW must feel confident that whatever he or she shares during such supervision will not be judged. The supervisor can nourish such feelings of interpersonal security by sharing own experiences of failure (Kadushin & Harkness, 2002; Weigand, 2007). Also, it is understood that resilience is “not pretty” (Liebenberg, 2013) and that a DSW supervisor cannot judge the ways in which DSWs adjust to workplace adversities. Should these ways hold serious or ethically negative implications, different ways of adjusting could be explored. Furthermore, diversity (pertaining to factors such as race, culture, gender, sexuality, and language) among DSWs must be expected, respected, and considered throughout implementation of the

guidelines (American Psychological Association, 2012). Supporting DSWs and promoting resilience necessitate respectful attention to diversity issues.

- The supervisor should also remain calm and react calmly to whatever events, experiences, feelings, or thoughts the DSW relates and should normalise the experience or feelings of the DSW (Kadushin & Harkness, 2002).
- Consideration must be given to the uniqueness of each DSW, who may have specific needs, strengths, and weaknesses and may be exposed to dissimilar risks from the previous or next DSW (Dunbar-Krige & Fritz, 2006).
- Termination of supervision sessions is to include a cooperative discussion and summary of the session events and planning for the next session. The DSW supervisor is to assist the DSW to return to a state of equilibrium in self and practice before terminating supervision.

***Key considerations pertaining to resilience contexts***

Additionally, throughout implementation of the proposed guidelines, the influence of time, context, and culture on how DSWs at risk adjust to adversity must be taken into account (Ungar, 2011, 2012, 2013). The guidelines may therefore flex and vary across different groups of DSWs, time, and contexts, and DSW supervisors should be aware of this and adjust accordingly when attempting to promote DSW resilience.

***Key considerations pertaining to guideline stages***

To support supervisors to assist in the promotion of DSW resilience, the researcher developed a set of reflective questions, relevant to each stage. Stage 1 of the proposed guidelines allows for the DSW to determine which events or experiences he or she would like to discuss and to reflect on feelings associated with these events. During the second stage, the DSW's feelings about

such events are explored in depth by means of allowing the DSW to reflect more specifically on feelings evoked by experiences. The supervisor will then be better able to identify current risks and the development of potential risks during this reflection by the DSW. Subsequently, Stage 3 will follow, when the DSW will be able to reflect on, and evaluate, existing ways of either adapting positively or less so. Then the supervisor will apply strategies to help the DSW reflect on alternative processes of systematically supported positive adaptation. Finally, Stage 4 offers the opportunity for learning and planning a way forward to either sustain resilience processes or explore alternatives.

### **STAGE 1: Return to the experience**

*Aim:* to permit the DSW to relate any emotionally draining event/experience and reflect on evoked feelings and potential negative outcomes.

In the first stage, the supervisor allows the DSW to relate to, and re-experience, emotionally significant events (presenting potential risks) within the context of South African DSW (Weigand, 2007). Invite the DSW to share any risks experienced, such as, but not limited to, work pressure, financial strain, challenges unique to DSW, psychological tension, and exhaustion.

Possible reflective questions and actions in the first stage:

- **What would you like to talk about?**
- **What goals and objectives do you have for this session?**
- **What recent work-related or personal events would you like to reflect on?**
- **Explore feelings on what happened and on what the DSW did.**

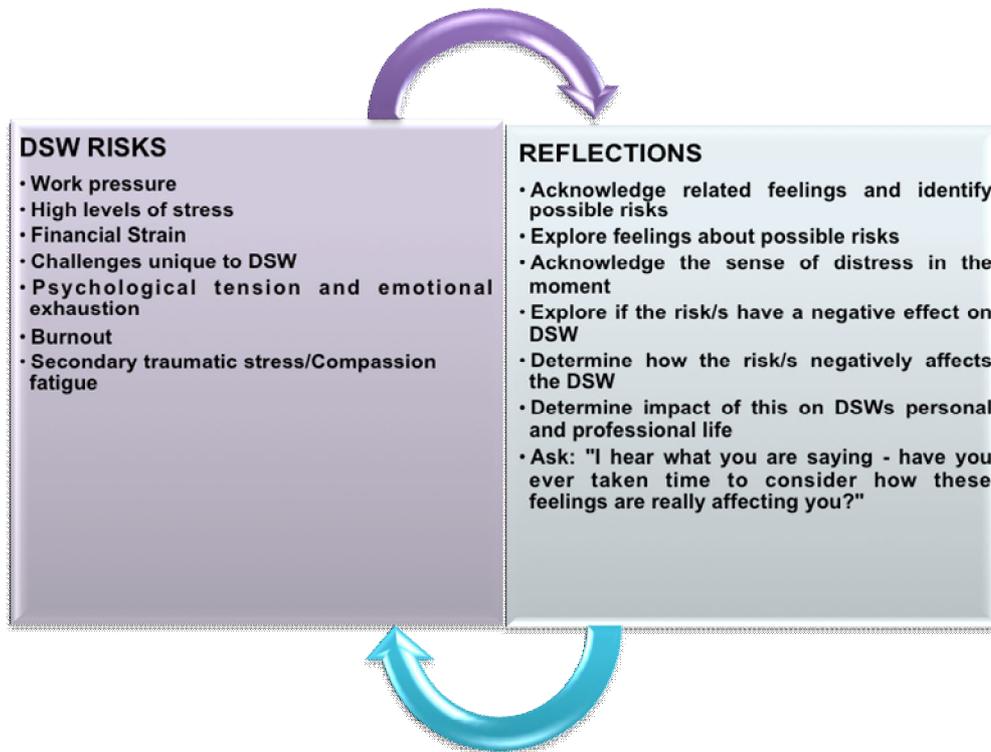
Once session objectives have been determined by the DSW and feelings about related events have been reflected on, the DSW supervisor will progress to the second stage and attend to evoked feelings and also identify the development of potential risks.

**STAGE 2: Attend to feelings and explore development of potential risks**

*Aim:* to allow the DSW to reflect on feelings and to also identify development of potential risks.

During the second stage, the supervisor should recognise negative feelings emanating from precarious events disclosed during Stage 1: evaluate the feelings, thoughts, intentions, and actions evoked during those events (Weigand, 2007). The motive for this evaluation and recognition of negative feelings is because such feelings relate to threatening events that place the DSW at risk of negative outcomes (Benjamin, 2007; Child Welfare South Africa, 2009; Gibbs, 2001; Lonne, 2008; Maposa, 2006; Tham, 2006). During this stage, the supervisor will attempt to identify the development of any impending and current risks. Refer to Figure 3 below for a summary of reported risks (literature and research findings) and suggestions for reflection.

**FIGURE 3: EXPLORING POTENTIAL AND EXISTING RISKS AND RELATED FEELINGS**



South African DSWs (Truter, 2013d) identified the professional risk factors listed in Figure 3. They also aligned to the risks literature reports for the social work profession (Baldauf, 2007; Beckett, 2007; Bhana & Haffejee, 1996; Bride, 2007; Byrne, 2006; Coffey *et al.*, 2004; Collings & Murray, 1996; Domino, 2008; Gibbs, 2001; Jones, 2001; Kasiram, 2009; Littlechild, 2003; Lloyd *et al.*, 2002; Morris, 2005; Regehr *et al.*, 2004; Stanley *et al.*, 2007; Storey & Billingham, 2001; Tham, 2006; Yurur & Sarikaya, 2012). During this second stage, it is crucial for the supervisor to possibly assist the DSW to identify current or potential risks that may develop. Often, DSWs might be overwhelmed to such an extent that they do not realise when they are at risk and by what they are placed at risk. Therefore, the supervisor could play a key role in

heightening this awareness of the development of potential risks (or recognition of existing risks). In the presence of such risk, resilience may often be observed (Masten, 2011). Examining existing resilience processes and offering an opportunity to reflect on alternative resilience processes follow the identification and exploration of risk.

**STAGE 3: Evaluate existing processes for positive adaptation to risks, and propose reflection on additional resilience processes**

*Aim:* to evaluate current processes of positive adaptation and allow the DSW to reflect on additional processes for positive adaptation.

During the third stage, the supervisor allows the DSW to reflect on his or her existing processes of adapting to ri

sks and provides the DSW with an opportunity to reflect on their value.

Possible reflective questions and actions to explore application of existing resilience processes:

- **What did you do during this risk or event?**
- **How did it support your positive adaptation?**
- **What is the impact on yourself and others (negative or positive)?**
- **Explore the engagement with social ecology in processes of adaptation.**

Following this reflection, attempt to enable the DSW to consider alternative resilience processes by asking the following reflective question:

- **In which other ways could your dealing with such risks be enhanced?**

The supervisor might then be able to identify which of the four resilience processes identified in the research findings and illustrated in Figure 1 need further promotion in the DSW's life by taking decisive actions and posing certain reflective questions (to the DSW) as outlined in the following four resilience-promoting strategies:

### **Strategy – Practice- and purpose-informing creeds**

**Rationale:** a dominant process of resilience that emanated from the previous research findings (Truter, 2013d) was the belief of having a calling for DSW. All participants were thus convinced that doing DSW was not merely a job, but rather a deeper calling/passion/purpose to serve within this profession. A few of the study participants ascribed their calling to their religion/faith and described that their God was calling them to do DSW. These specific DSWs also explained how a sense of accountability towards their God encouraged their resilience. The rationale, then, is to cultivate a purpose- and practice-informing creed as a resilience-supporting process.

What is important to note at this point is that (a) not all DSWs might have a sense of being called to do DSW, (b) not all DSWs will necessarily relate their calling or passion for DSW to faith or religion and (c) not all DSWs will necessarily be Christian, as was the case with the study participants (Truter, 2013d). The focus of this strategy is, in the first place, to explore whether the DSW does consider her position as a DSW to be a calling. Secondly, it is to remind the DSW of the meaning attached to doing DSW and, thirdly, to provide the DSW with an opportunity to renew the connection between being a DSW and having a calling. Refer to Table 1 for application of the strategy pertaining to a purpose- and practice-informing creed.

**TABLE 1: APPLICATION OF PRACTICE- AND PURPOSE-INFORMING CREEDS**

- Always first explore application of existing resilience processes, and allow the DSW to reflect whether these are adaptive or less so in his or her life.
- The DSW supervisor may use reflective questions to encourage or provide the opportunity for self-discovery or rediscovery of the meaning attached to practice- and purpose-informing creeds to promote resilience processes in the DSW’s life. Ultimately, it is the DSW who needs to take decisive actions.
- Heighten the DSW’s awareness of the shared responsibility that his/her social ecology has in promoting DSW resilience.

<b>DSW RESILIENCE PROCESS</b>	<b>ACTIONS</b>	<b>REFLECTIVE QUESTIONS</b>
Practice- and purpose-informing creeds (a calling, a God-ordained calling and responsibility, and a passion)	Encourage the DSW to reflect on why he or she became a DSW in the first place and what it means to him/her.	<ul style="list-style-type: none"> <li>• What made you become a DSW? How much of that motivation is still part of you?</li> <li>• Why do you still practise DSW?</li> <li>• Write a narrative on the following: how could I remind myself of why I am doing this job?</li> <li>• Do your family, friends, and colleagues know about your calling/passion?</li> <li>• What meaning does being a DSW have for you?</li> <li>• What do you personally feel you have achieved by being a DSW?</li> <li>• How are you still making a difference?</li> <li>• Do your family, colleagues, and friends motivate you to persevere in DSW? If “Yes”, how? If “No”, would you like them to, and how would you want them to do so?</li> <li>• How have you managed to adapt positively to hardships in the past? Could it work again in this instance?</li> <li>• What about your job do you still enjoy/feel good about it?</li> </ul>

Facilitate decisive actions:

- What have you become aware of in terms of the meaning of a personal creed for you?
- What have you become aware of in terms of whether you need to revisit your personal creed or not?
- Would you like to change anything in this regard?
- If you would like to change anything, what would you want to change, and how? By when would you like to change this and who could possibly help you?

**Strategy – Supportive collaborations**

**Rationale:** nourishing and relying on supportive relationships proved pivotal to South African DSW resilience (Truter, 2013d). DSW study participants regularly made mention of relationships within different contexts (professional, personal, or religious) and how these relationships protected them against negative outcomes when exposed to certain risks. The focus of this guideline is for the supervisor to probe the current existence of supportive relationships in the life of the DSW and to allow the DSW to reflect on the support function and value of these relationships. Different options and choices (to nourish and use these relationships towards promotion of resilience) are then explored with the DSW. Refer to Table 2 for application of the strategy pertaining to supportive collaborations.

**TABLE 2: APPLICATION OF SUPPORTIVE COLLABORATIONS**

- Always first explore application of existing resilience processes, and allow the DSW to reflect whether these are adaptive or less so in the DSW’s life.
- The DSW supervisor may use reflective questions to explore how the DSW is making a connection with supportive collaborations, its value for the DSW and possible promotion of this specific resilience process if it is needed in the DSW’s life. Ultimately, it is the DSW who needs to take decisive actions.
- Heighten the DSW’s awareness of the shared responsibility that his/her social ecology has in promoting DSW resilience.

DSW RESILIENCE PROCESS	ACTIONS	REFLECTIVE QUESTIONS
Supportive collaborations (professional, personal, and religious)	<p>1. Explore the function and meaning of significant relationships in the DSW’s life, for example, friends, family, and religious peers.</p> <p>2. Guide the DSW to reflect on these relationships and recognise the change that is necessary within these relationships and/or their value for his/her positive adjustment to risks.</p> <p>3. Perhaps the DSW needs to</p>	<ul style="list-style-type: none"> <li>• Who in your personal life helps you to adapt positively?</li> <li>• What do you and your friends do for fun? Will you share with me?</li> <li>• What do you do if you need to talk or have someone to listen to you?</li> <li>• What would you want your friends/family/other to do when they become aware that you are not well? What do they actually do when they discover that you are not well?</li> <li>• How do you prioritise time with family or friends? Do you have fixed times in the week/month that you spend with them?</li> <li>• Who would encourage you to feel better about yourself? Who would contribute positively towards self-talk?</li> <li>• Will you identify people who are like battery chargers in your life?</li> <li>• Do you have supportive colleagues? Would you please share with me how they support you?</li> <li>• How do you use feedback about your work as an opportunity for growth?</li> </ul>

	<p>realise that he/she must approach certain support systems and negotiate for support; help the DSW realise this, and help the DSW establish what, who, and how.</p> <p>4. If it emerges that abusive relationships exist within the DSW's life, assist him/her to reflect on these, the impact they have on his/her life, and possible approaches to address this problem.</p> <p>5. If religion/spirituality is mentioned, then follow-up questions could be formulated; see the "options and choices" column further down.</p>	<ul style="list-style-type: none"> <li>• Do you feel comfortable asking colleagues/supervisors if you do not know what to do with a case?</li> <li>• How could you use the relationships with colleagues to cope better at work?</li> <li>• Do you have a ritual that you follow after you have dealt with a difficult case? If "Yes", please share how and why this helps you. If "No", what or who do you think could help?</li> <li>• I have heard of DSWs who seek guidance and intervention from their source of faith. Is this something with which you are familiar? If "Yes", could you share how it helps you? If not, do you think it could help you?</li> <li>• Do you have people in your life who share your spirituality/religion? If "Yes", do you spend time with them, and how does this support you?</li> </ul>
<p><u>Facilitate decisive actions:</u></p> <ul style="list-style-type: none"> <li>• What have you become aware of in terms of the meaning supportive collaborations hold for you?</li> </ul>		

- What have you become aware of in terms of whether you need stronger supportive collaborations or not?
- Would you like to change anything in this regard?
- If you would like to change anything, what do you think you can do, and how? By when would you like to change this and who could possibly help you?

### **Strategy – Constructive transactions**

**Rationale:** from the lived experiences previously shared by South African DSWs and perspectives of the consulted AP (Truter, 2013d) and related literature, constructive transactions were one of the four resilience processes identified as resilience promoting. Within the constructive transaction process, several sub-processes were mentioned to realise this process. These sub-processes included respecting personal needs and boundaries, investing in self-care activities, being solution focused, engaging in continuous training and education, and practising self-control. It is at this stage that the supervisor will attempt to encourage the DSW to actively engage in such transactions. See Table 3 below for the application of the strategy pertaining to constructive transactions.

**TABLE 3: APPLICATION OF CONSTRUCTIVE TRANSACTIONS**

- Always first explore application of existing resilience processes, and allow the DSW to reflect whether these are adaptive or less so in the DSW’s life.
- The DSW supervisor may use reflective questions to explore how the DSW is making a connection with constructive transactions, its value for the DSW and possible promotion of this specific resilience process if it is needed in the DSW’s life. Ultimately, it is the DSW who needs to take decisive actions.
- Heighten the DSW’s awareness of the shared responsibility that his/her social ecology has in promoting DSW resilience.

DSW RESILIENCE PROCESS	ACTIONS	REFLECTIVE QUESTIONS
<p>Constructive transactions (respecting personal needs and boundaries, investing in self-care activities, being solution focused, engaging in continuous training and education, and practising self-control)</p>	<ol style="list-style-type: none"> <li>1. Explore how the DSW respects and maintains his/her emotional and physical boundaries.</li> <li>2. Explore the DSW’s need for, and the meaning of, self-care activities.</li> <li>3. Explore the DSW’s practising method of problem solving.</li> <li>4. Explore the DSW’s view of, and the value of, continuous training and education.</li> <li>5. Explore the DSW’s emotional self-regulation.</li> </ol>	<p><b>Respecting personal needs and boundaries</b></p> <ul style="list-style-type: none"> <li>• How would you allow yourself to respond to the following? <ul style="list-style-type: none"> <li>○ A client who verbally abuses you</li> <li>○ A colleague who keeps on bothering you while you are working</li> <li>○ Your workload not allowing you to go home at the stipulated hour</li> <li>○ Allocated cases with which you feel uncomfortable</li> <li>○ A doctor’s recommendation to take tranquilisers or antidepressants</li> </ul> </li> <li>• What do you see as “keeping emotional distance from clients”?</li> <li>• What would be the signs and symptoms for you to notice that you are getting emotionally involved in a case? How have you dealt with such matters in the past? Would you like to do things differently? Who could help you with this and how?</li> <li>• How do your family, friends, and colleagues help you to respect your own boundaries? Would you like to do this differently? If “Yes”, how could you communicate this to them?</li> <li>• How do you handle situations that are in conflict with your values?</li> </ul>

		<ul style="list-style-type: none"> <li>• Do you have “work stops” or “holiday breaks” during the day, for example, lunch hour/tea, etc.? Please share and describe how these support and protect you against outcomes such as burnout.</li> <li>• Are there any activities that might protect you against burnout/help you to move towards your goal? Which actions/activities will work for you or have worked for you in the past?</li> <li>• How often and when would you need actions/activities such as these? What do you need to have in place to implement them?</li> <li>• What could happen if you did not take time out such as this?</li> <li>• How do you define “switch off”? Do you ever switch off? How does this help you?</li> <li>• What is your rule about taking work home? Does it help you to leave work at work, or does it help you to take work home and finish it there?</li> <li>• How do the people at home respond to you either taking work home or not?</li> <li>• What options are there if you realise you are not going to meet a deadline?</li> <li>• How do you deal with anger? What has worked in the past?</li> <li>• Which clients do you feel uncomfortable working with? How do you deal with this?</li> <li>• Have you accepted your limitations? How does this make you feel?</li> <li>• What do you allow yourself to do when people waste your time?</li> <li>• When working with violent and aggressive clients, from your experience, how do you deal with this to protect yourself from the immediate and long-term effect? What do you tolerate, and what do you not tolerate? What are your rules regarding aggression and violence (physical and emotional)?</li> </ul>
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		<p><b>Investing in self-care activities</b></p> <ul style="list-style-type: none"> <li>• What self-care activities would work for you or have worked for you in the past?</li> <li>• What do you do for fun? How often do you do this? What is the impact of this on your ability to adjust to stress at work?</li> <li>• How do your family, friends, and colleagues support you to take care of yourself? If not, how could you encourage them to support you in this event?</li> </ul> <p><b>Engaging in continuous training and education</b></p> <ul style="list-style-type: none"> <li>• What does it mean for you when you attend workshops?</li> <li>• Do you have any specific learning need?</li> <li>• How does your family, friends, and colleagues encourage you to engage in continuous training and education? If not, would you like them to? How could you communicate this need to them?</li> </ul> <p><b>Being solution focused</b></p> <ul style="list-style-type: none"> <li>• How do you handle problems, generally? How would it support you to handle problems head-on and immediately?</li> <li>• What could you (or others) do to give the lawyers less ammunition against you during a court case?</li> <li>• How does crying help you to release emotions? When was the last time that you cried?</li> </ul> <p><b>Practising self-control</b></p> <ul style="list-style-type: none"> <li>• What does self-control mean to you? What is the function of self-control?</li> <li>• How would you describe your ability to control yourself?</li> </ul>
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		<ul style="list-style-type: none"> <li>• How do you control yourself, and what are the benefits of this?</li> </ul>
<p><u>Facilitate decisive actions:</u></p> <ul style="list-style-type: none"> <li>• What have you become aware of in terms of the meaning of constructive transactions for you?</li> <li>• What have you become aware of in terms of whether you need constructive transactions or not?</li> <li>• Would you like to change anything in this regard?</li> <li>• If you would like to change anything, what do you think you can do, and how? By when would you like to change this and who could possibly help you?</li> </ul>		

#### **Strategy 4 – Accentuating the positive**

**Rationale:** accentuating the positive was an umbrella term allocated to three resilience sub-processes that promoted positive adjustment in the lives of 15 South African DSWs (Truter, 2013d). These three sub-processes included that DSWs focused on what they *did* achieve, humour, and purposefully selecting with whom (positive) they spent time. The supervisor could nurture these sub-processes of accentuating the positive. See Table 4 for application of the strategy pertaining to accentuating the positive.

**TABLE 4: APPLICATION OF ACCENTUATING THE POSITIVE**

- Always first explore application of existing resilience processes, and allow the DSW to reflect whether it is adaptive or less so in the DSW’s life.
- The DSW supervisor may use reflective questions to explore how the DSW is making a connection with accentuating the positive, its value for the DSW, and possible promotion of this specific resilience process if it is needed in the DSW’s life. Ultimately, it is the DSW who needs to take decisive actions.
- Heighten the DSW’s awareness of the shared responsibility that his/her social ecology has in promoting DSW resilience.

DSW RESILIENCE PROCESS	ACTIONS	REFLECTIVE QUESTIONS
<p>Accentuating the positive (celebrating victories, sharing humour, choosing positive company)</p>	<p>1. Explore the DSW’s view of what victories he or she experiences at work, even small victories.</p> <p>2. Allow the DSW to reflect on what he/she considers positive company and the effect of such company on him/her.</p> <p>3. Allow the DSW to reflect on the role of humour and laughter in his/her life.</p>	<p><b>Celebrating victories</b></p> <ul style="list-style-type: none"> <li>• What does it mean for you, when clients demonstrate that they are grateful?</li> <li>• Could you share one success story you achieved with a client recently or in the past?</li> <li>• Do you share your victories with your family, friends, and colleagues? If not, why not? Would you like them to be aware of your victories? How could you communicate this to them? What could they do to make it easier for you to share?</li> </ul> <p><b>Sharing humour</b></p> <ul style="list-style-type: none"> <li>• How often do you laugh? Please share moments of laughter/humour that you recently experienced.</li> <li>• How does laughing or sharing humour affect you, and who are the people with whom you laugh the most, and how often do you see them?</li> </ul> <p><b>Choosing positive company</b></p> <ul style="list-style-type: none"> <li>• How would you know whether a person is positive company for you?</li> </ul>

		<ul style="list-style-type: none"> <li>• Describe the impact that spending time with positive people have on you?</li> <li>• What do you do, to make enough time for positive company?</li> </ul>
<p><u>Facilitate decisive actions:</u></p> <ul style="list-style-type: none"> <li>• What have you become aware of in terms of the meaning of accentuating the positive for you?</li> <li>• What have you become aware of in terms of whether you need to accentuate the positive or not?</li> <li>• Would you like to change anything in this regard?</li> <li>• If you would like to change anything, what do you think you can do, and how? By when would you like to change this and who could possibly help you?</li> </ul>		

#### **STAGE 4: Learning and planning**

**Aim:** to help the DSW acknowledge and summarise lessons learnt and plan a way forward.

Although this stage proceeds from Stage 3, it should be incorporated in all stages because, as a DSW develops awareness, learning and planning could follow.

During Stage 4, the focus will be shifted from reflection to learning. The supervisor will encourage opportunities for the DSW to consider what he or she has learnt with regard to existing processes of resilience. The DSW explains how these learning experiences will support him or her in future exposure to risks in order to adjust positively. “The supervisor should encourage the use of the professional understanding for professional growth, development and resilience promotion” (Weigand, 2007:18).

First set of possible reflective questions:

- **What have you learnt about your own adaptations to risk?**
- **How could additional resilience processes support you against risks?**
- **What have you learnt about the role of your social ecology in supporting you to adapt to workplace risks?**

The DSW could then be assisted to reflect on how these connections with decisive actions could be applied and sustained to increase his or her chances of resilience. The supervisor might ask certain reflective questions to support the DSW towards such a plan of action.

Second set of possible reflective questions:

- **How could you ensure the application of these decisive actions?**
- **What or who could help you to apply these lessons?**
- **How will you ensure the continuous application of these lessons throughout exposure to risk?**
- **What do you think you will need when you see that you are struggling to apply these lessons?**
- **How could you better engage your social ecology to adapt to risks?**

## **SUMMARY AND CONCLUSIONS**

The purpose of this study was to formulate resilience-promoting guidelines for South African DSW supervisors to apply within a suitable framework of reflective supervision. Given the central role of a DSW supervisor in the professional life of a DSW, as well as the established support function of DSW supervisors, the DSW supervision relationship was selected as the setting in which these proposed guidelines could be implemented. Although the resilience model (Paris, 2012) from which this framework with guidelines was adapted has been verified and is

based on established work (Boud *et al.*, 1985; Johns, 1995), whether the application of these guidelines will, in fact, promote South African DSW resilience must still be tested. Still, the proposal of the guidelines is a first step toward supervisory support of DSW resilience.

Despite the resounding call to promote social worker (and DSW) resilience (Carson *et al.*, 2011; Collins, 2007; Gibbs, 2001; Green *et al.*, 2003; Littlechild, 2003), not many DSW resilience-promoting guidelines have been formulated to integrate theory with practice. Resilience theories alone will not be sufficient to change the risks many DSWs face. Practice has proven the penalty of not promoting DSW resilience is high with negative consequences for several stakeholders, including children in need of care and protection. Moreover, the literature (Ungar, 2011, 2012), and prior studies with South African DSWs (Truter, 2013b-d) point to the importance of social ecologies partnering with DSW to support their resilience processes. Of concern (See Truter, 2013d) is that resilient South African DSWs more often initiate resilience processes than do their social ecologies. Thus, by proposing resilience-promoting guidelines for DSW supervisors and promoting a reflective supervisory context, the responsibility of the social ecology to South African DSW resilience processes is foregrounded. DSW supervisors, as representatives of the social ecology, can use the guidelines to initiate and/or strengthen processes of South African DSW resilience. By asking pertinent reflective questions, DSW supervisors can heighten DSWs awareness of their right to expect social ecological support. Thus, it is the researcher's strong recommendation that the suggested resilience promoting guidelines should be implemented within an appropriate programme and verified in different subgroups of DSWs across South Africa (Engelbrecht, 2013). Also, longitudinal studies should be implemented to determine the transferability of these guidelines.

## **LIMITATIONS**

Firstly, the proposed South African DSW resilience-promoting guidelines presented in the study informing this manuscript have not been evaluated, and this calls for a follow-up study. Secondly, these guidelines are DSW focused. Even though they are to be facilitated by a DSW supervisor and even though they encourage reflection about the role of the social ecology in resilience processes, they do not engage the social ecology directly. Thus, there is a need for these findings to be translated into guidelines for families, colleagues, communities, and so forth to support DSW resilience (Ungar, 2012).

The guidelines are based, in part, on findings (Truter, 2013c-d) that emanated from a small, relatively homogenous sample (that is, 15 female, Christian South African DSWs). This could restrict the applicability of the guidelines to other DSWs (e.g., male atheists). Nonetheless, these proposed guidelines are a first step towards South African DSW resilience promotion with active input from a representative from their social ecology (i.e., DSW supervisors). This, in itself is valuable, especially if follow-up studies investigate the practical value of DSW supervisors using these guidelines.

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## **SECTION C**

### **CONCLUSIONS AND RECOMMENDATIONS**

## CONCLUSION AND RECOMMENDATIONS

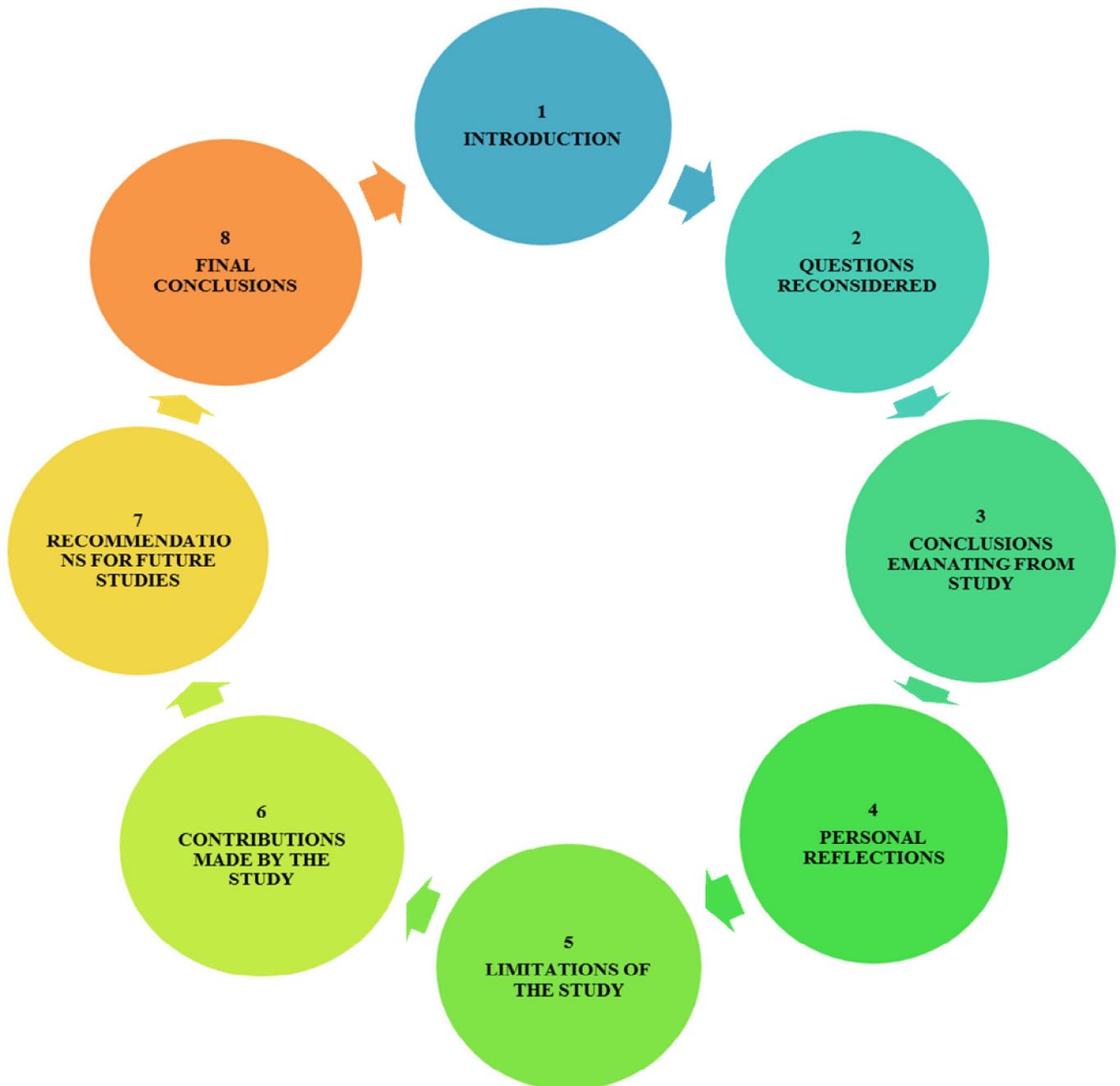


Figure 2: Overview of thesis

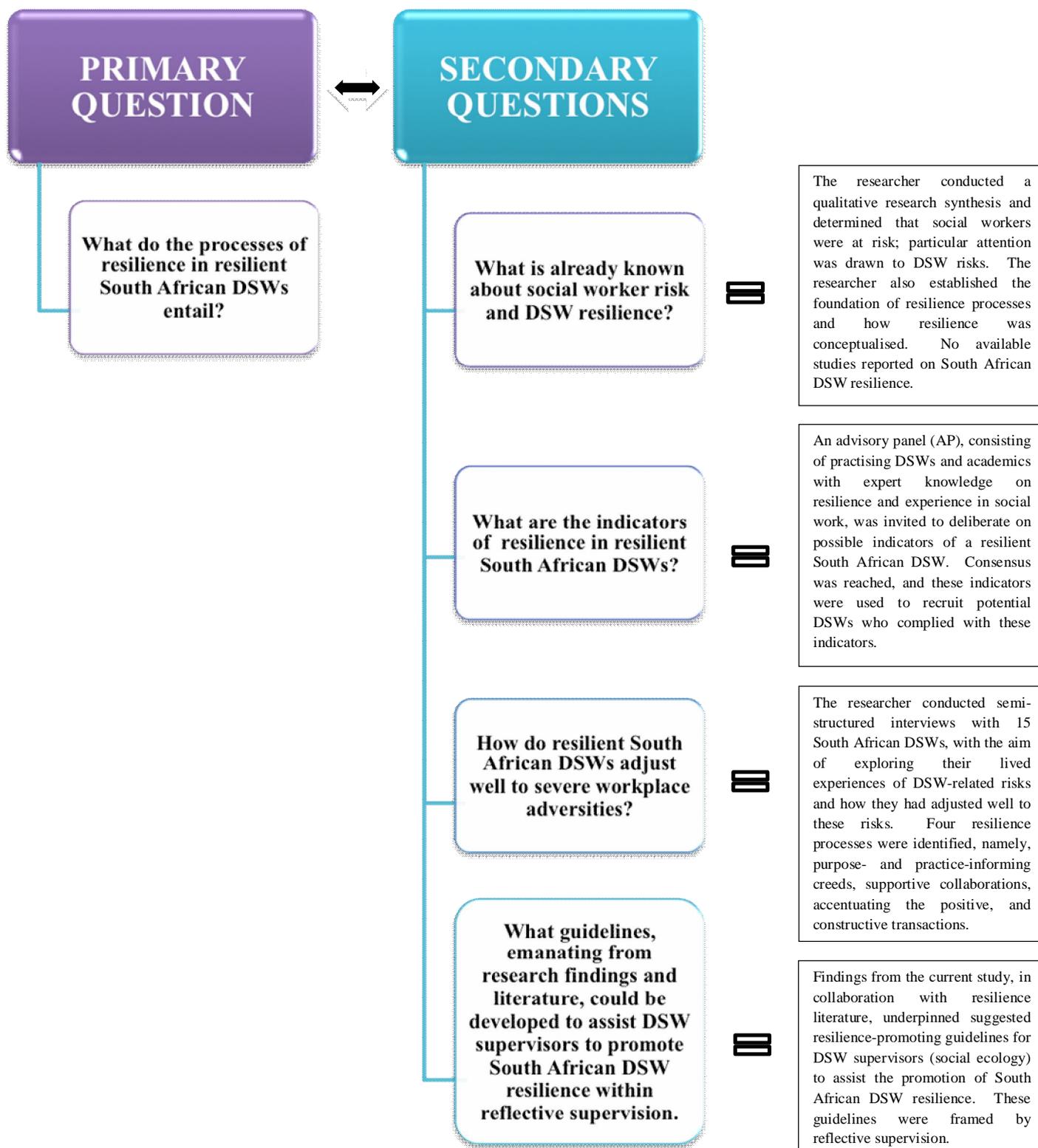
## **1. INTRODUCTION**

The purpose of this qualitative phenomenological research study was to explore resilience processes of South African social workers who are designated by the Children's Act (Act 38 of 2005) to render statutory services to children in need of care and protection, a group of social workers here referred to as designated social workers (DSWs). This purpose was achieved by first conducting a qualitative research synthesis on social worker risk and DSW resilience. Then, an advisory panel (AP) with expert knowledge and/or experience in resilience, social work, or DSW formulated potential indicators of resilience in resilient South African DSWs. This AP used the formulated indicators to identify potential study participants (resilient South African DSWs); they, thus, acted as gatekeepers (Fouché & de Vos, 2005b). Further identification of study participants was done by applying snowball sampling (Merriam, 2009). Interviews with a total of 15 resilient South African DSWs took place to explore their lived experiences of risks and resilience. These DSWs also provided written narratives in which they described their risks as DSWs and explained how they adjusted well to these risks. The researcher and an independent coder examined these written stories and lived experiences of the 15 resilient South African DSWs. Subsequently, the researcher drew on the research findings and literature to propose resilience-promoting guidelines (framed by reflective supervision) for supervisors of South African DSWs.

## **2. QUESTIONS RECONSIDERED**

The current study was guided by a primary research question and four secondary research questions. The primary research questions asked what the processes of resilience in resilient South African DSWs entailed. The primary research question was answered by attending to the following secondary research questions: a) What is already known about social worker risk and

DSW resilience? b) What are the indicators of resilience in resilient South African DSWs? c) How do resilient South African DSWs adjust well to severe workplace adversities? d) What guidelines, emanating from research findings and literature, could be developed to assist DSW supervisors to promote South African DSW resilience within reflective supervision? See Figure 3 below for a schematic representation of these research questions and actions taken to answer the secondary research questions.



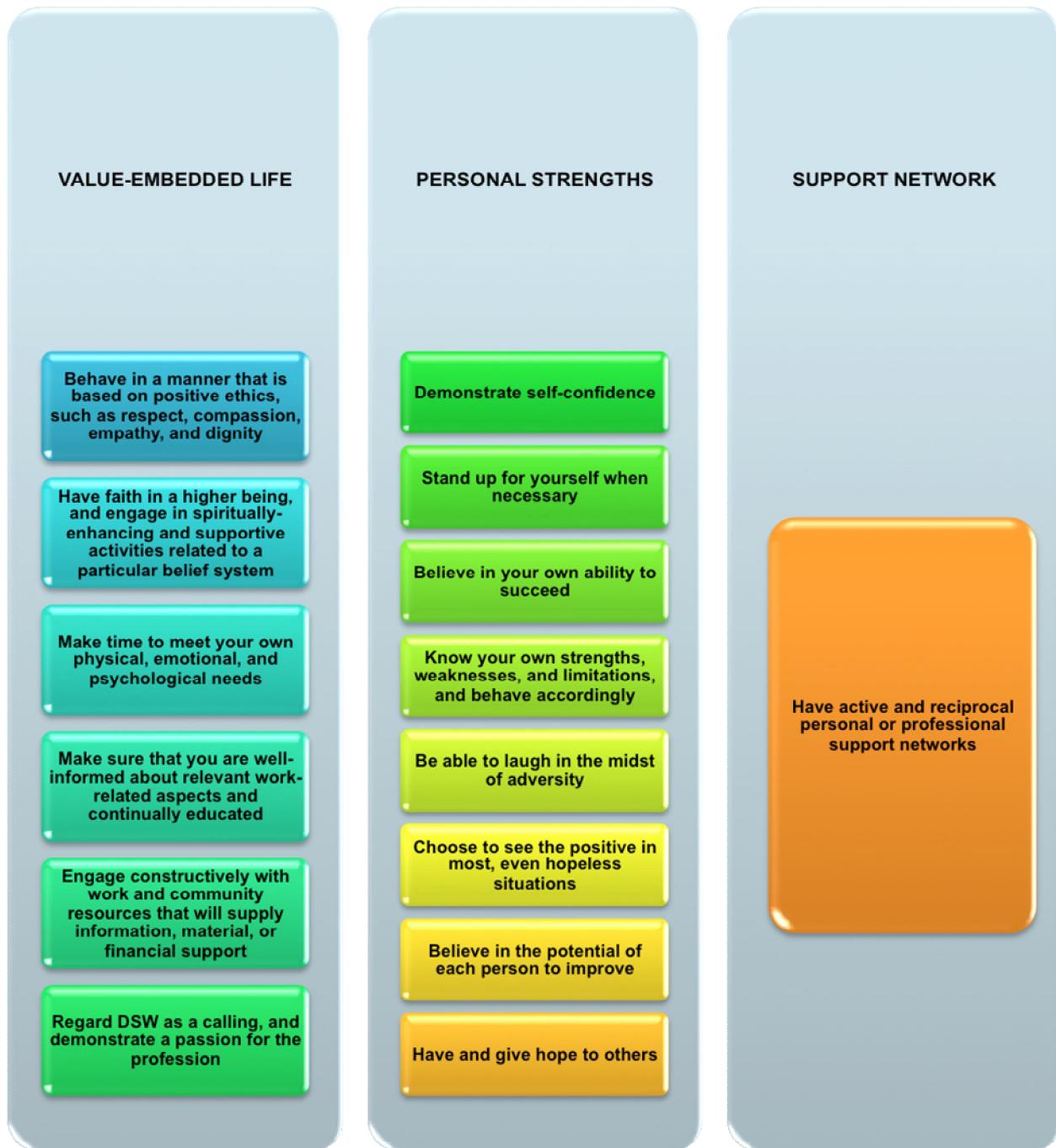
**Figure 3: A schematic representation of how research questions were explored**

### **3. CONCLUSIONS EMANATING FROM THE STUDY**

In Manuscript 1, the researcher reported on a qualitative research synthesis and was able to demonstrate the important role of social workers worldwide, but especially DSWs in terms of directly attending to the constitutional rights of children, among others, their right to be protected against neglect and abuse and the right to have access to social services (Constitution of the Republic of South Africa). The risk-laden nature of social work was also confirmed, while a few studies cited emphasised the particularly stressful nature of DSW. For example, worldwide, DSWs seemed confronted particularly with the risk of violence and aggression (Coffey, Dugdill, & Tattersall, 2004; Cornille & Meyers, 1999; Green, Gregory, & Mason, 2003). This hostility towards them was often referred to as emotional and verbal abuse, but also physical danger in which DSWs were as a result of the nature of DSW. What was discovered during the qualitative research synthesis was that there was an inadequate understanding of DSW resilience processes, especially South African DSW resilience processes. This was a disturbing revelation, given the crucial role that DSWs play in protecting children who are vulnerable and in need of care and protection.

Manuscript 2 pertained to the focus group discussions of an advisory panel (AP) regarding the possible indicators of resilience in resilient South African DSWs, given the deficient understanding of South African DSW resilience. The AP consisted of practising DSWs and academics who had expert knowledge on, and/or experience in, resilience, social work, and/or DSW. From these focus group discussions with the AP, consensus was reached that potential indicators of resilience in resilient South African DSWs could be ascribed to a value-embedded life, personal strengths, and support networks. This was not however, a definitive summary, since it was based on the perspectives and experiences of a small group of South African

professionals. Nonetheless, these indicators guided the process of identifying and inviting 15 study participants (resilient South African DSWs) for further empirical exploration of the resilience processes of South African DSWs. See Figure 4 for a visual representation of the AP-determined indicators of resilience in a resilient South African DSW.

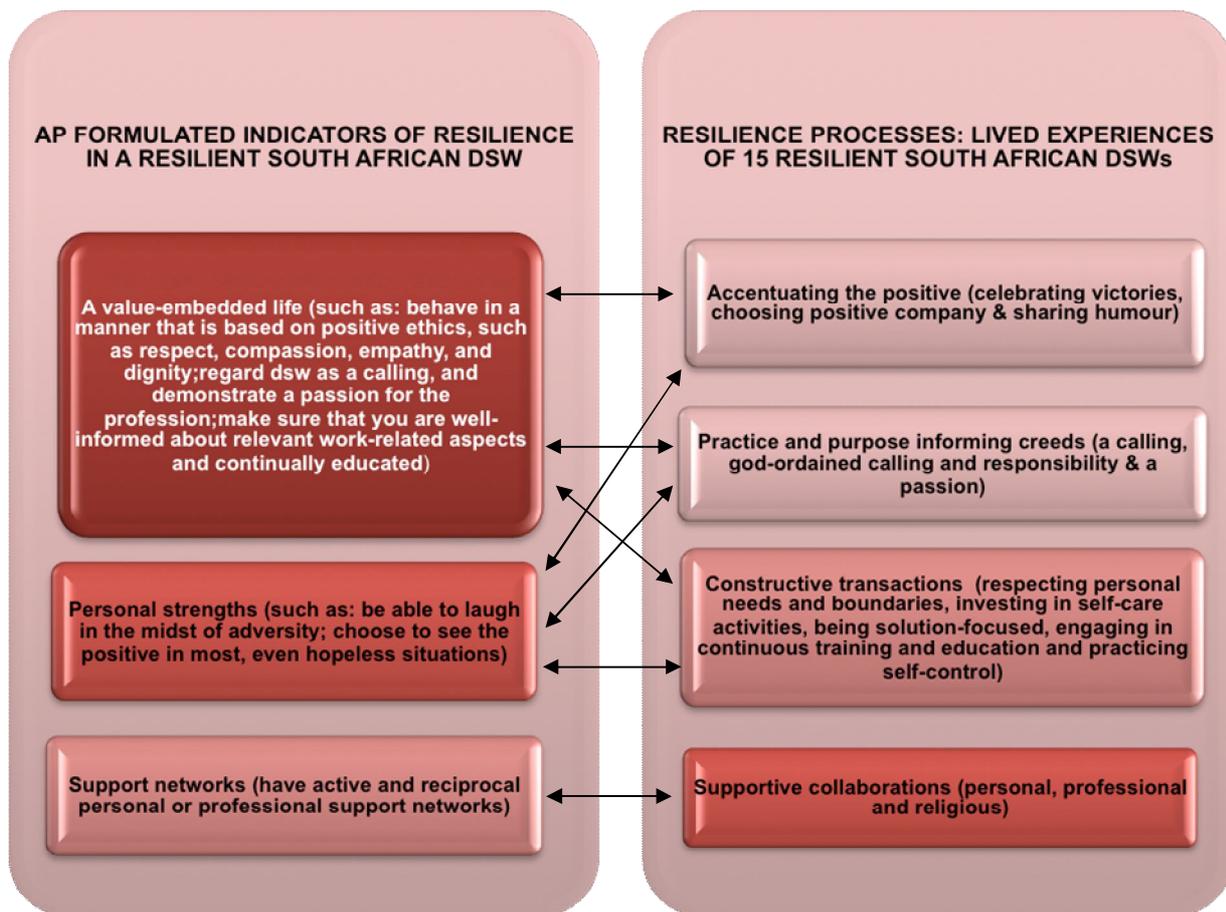


**Figure 4: Indicators of resilience in a resilient South African DSW**

In Manuscript 3, the researcher identified 15 resilient South African DSWs who complied with the AP criteria. Semi-structured interviews with, and written stories provided by, study

participants enabled the researcher and an independent coder to identify common themes that answered the research question pertaining to South African DSW risks and the content of South African DSW resilience processes. Reported resilience processes involved living a practice- and purpose-informing creed (having a calling to do DSW and a passion for the job), having supportive collaborations, engaging in constructive transactions (such as respecting personal boundaries), and accentuating the positive (such as sharing humour). What stood out from these findings was that, although having a calling or sense of purpose was a common finding among some who were resilient (Cuban, 1995; Gu & Day, 2007; Koen, 2010; Sumsion, 2004), study participants of other studies did not attribute their calling to their God or their religion. Many of the resilient South African DSWs in the current study, however, ascribed their calling to their Christian God. This may, however, differ if the study is repeated with other resilient DSWs from different cultures and subgroups in South Africa.

An interesting finding was that the AP-formulated indicators of resilience in a resilient South African DSW corresponded strongly with the resilience processes emanating from the lived experiences of the 15 DSWs. See Figure 5 below for a schematic representation of the relationship between resilience processes emanating from the lived experiences of the 15 resilient South African DSWs and DSW resilience indicators formulated by the AP.



**Figure 5: Relationships among research findings**

What also emerged from the descriptions of how these DSWs adjusted well to adversity was that there was a common interest in the resilience process shared between the DSW and her social ecology. Although shared, initiation of protection, at times, developed from the DSW and, at other times, the social ecology. DSWs were, thus, not entirely decentred, despite the suggestion by Ungar (2011, p. 5) that “decentredness” is required for successful resilience.

Two theoretical issues, subsequently, emerged. Firstly, given the dynamic nature of resilience, such resilience processes might vary for DSWs from different cultures and sub-contexts in South

Africa, and this, thus, necessitates further and ongoing exploration on a larger scale. Secondly, since social work supervisors (as representatives of the social ecology) play an integral part in the daily professional lives of social workers and are, among other duties, responsible for monitoring and supporting the emotional well-being of social workers (Botha, 2002; Engelbrecht, 2013; Kadushin & Harkness, 2002), the researcher wondered whether supervisors of DSWs were not well positioned to adopt a central role in the promotion of DSW resilience. These two theoretical issues, the researcher's experience as a DSW and supervisor of other DSWs, feedback from practice supervisors, and the absence of published resilience-promoting guidelines for South African supervisors of South African DSWs, prompted the researcher to propose resilience-promoting guidelines (to assist DSW supervisors to promote DSW resilience) (Manuscript 4).

These guidelines were underpinned by the research findings (Manuscripts 1, 2, and 3) and literature. Since these are mere guidelines, they are to be considered only a first step towards developing intervention strategies within an appropriate programme (of pathways) to promote South African DSW resilience (Engelbrecht, 2013). The value and transferability of these guidelines (De Vos, 2005) should be tested longitudinally and within different subgroups in South Africa.

#### **4. PERSONAL REFLECTIONS**

Reflecting is a deliberate activity necessitating the analysis of actions (Driscoll & Teh, 2001). As a qualified and practising South African DSW, I prioritised the exploration of DSW resilience. I was able to relate well to study participants, and there were a number of findings that I had anticipated and a few findings that were surprising. Given my familiarity with DSW risks, as an experienced DSW and also supervisor of DSWs, I was not surprised by the reported

risk factors. I was, particularly, not staggered by the emphasis placed on exposure to violence and aggression, since my personal experience (with violence and aggression in DSW) had enabled me to predict this as a major stressor in the lives of all DSWs. What did, however, surprise me was the fact that literature from all over the world confirmed this (violence and aggression) particular taxing trait of DSW. I had perhaps been naive to think that only South African DSWs experienced such hostility and danger within the profession. In addition, reflecting on these findings, I wondered whether violence and aggression would be reported as a risk for resilient male South African DSWs.

What was pleasing and further anticipated was that all 15 DSWs stressed the importance of being called in order to adjust positively to the strenuous work of DSW. Being a DSW myself and knowing that the inner persuasion of being called had (partially) sustained me in this profession; I had expected that the study participants would share this belief. The emotions that were evoked when DSWs shared the story of their calling with me were heart-warming and encouraging. I am, however, cautioned by the fact that the current study should be replicated and expanded into diverse cultures and subgroups in South Africa to explore whether this is also applicable among DSWs who differ from the small group of DSWs I interviewed. Furthermore, the meaning of “calling” and how other groups of DSWs in South Africa define “calling” or “purpose” should also be further explored.

Another unexpected finding was that only a few DSWs emphasised the role of culture in the resilience processes, which was surprising, given the emphasis placed on the role of culture in resilience (Masten & Wright, 2010; Ungar, 2013). I do, however, expect that the role of culture may emerge more dominantly when the current study is replicated with DSWs from a wider variety of subcultures and geographical areas in South Africa. An interesting realisation was that

South African DSWs could not adjust well to risks on their own. The role of their social ecologies was evident in each interview and written narrative. Within some resilience processes, the initiation of protection was not always shared; rather, it was initiated either by the DSW or her social ecology. This was something of which I had not been aware.

What I had also not anticipated was the overall emotional response that was provoked during interviews with DSWs. This alerted me, once again, to the exhausting nature of this profession and that these interviews were possibly experienced (by study participants) as a form of debriefing because of the nature of the way in which questions were asked: reflective and explorative questions were asked of the study participants, and they were not judged for their answers, opinions, or feelings. One of the results was that the study participants were reminded of their importance and value in society as well as the distinctive role that their friends and families (social ecologies) played in their positive adjustment to DSW-related risks.

Looking back on my research and standing in practice, I realised that being a resilient DSW is no easy task. The very real risks in this profession might make it difficult to always navigate towards, and negotiate constructively with, resilience-promoting processes. Yet this was linked to a different lesson learnt: being a resilient DSW is a responsibility. It is the responsibility of the DSW to take decisive actions (towards resilience) each working day, and it is the responsibility of resilience researchers to educate not only DSWs, but also DSW social ecologies about resilience promotion within the profession of South African DSW. What has, thus, emerged, for me, is a cycle of accountability to protect South African DSWs and their service users.

## **5. LIMITATIONS OF THE STUDY**

**The following limitations of my study were identified:**

- 5.1 Exclusion of studies during the qualitative research synthesis (such as studies not written in English) might have resulted in the researcher missing studies that might have had alternative explanations of DSW resilience. Sampling of studies was, thus, biased.
- 5.2 Only 15 South African DSWs were recruited to assist in answering the research question of Manuscript 3. Although the aim was not to document generalisable findings (De Vos, 2005), but rather to explore the lived experiences of these DSWs, it was a limitation that all 15 DSWs came from one province in South Africa and all shared the same religion. The findings, thus, emanated from a homogenous group, since there were also no male DSWs interviewed during this process. These research findings might, thus, not be the same for male DSWs and DSWs from different subgroups in South Africa. For instance, DSWs in rural KwaZulu-Natal have a different context (with reference to availability of support systems and risk factors) to the urban context in which DSWs from Cape Town or Gauteng (for example, Sandton or Sea Point) find themselves.
- 5.3 Guidelines proposed in Manuscript 4 were not tested among South African DSWs; thus, their transferability (De Vos, 2005) to promote South African DSW resilience is not yet known, and the success of their application cannot be certain.

## **6. CONTRIBUTIONS MADE BY THE STUDY**

**The contribution of the current study is twofold: firstly, a theoretical contribution to resilience theory and, secondly, a contribution to practice.**

- 6.1 Theoretically, the current study contributes to the knowledge base in the fields of social work (particularly research pertaining to the strength-based perspective) and psychology

(especially positive psychology). The current study, furthermore, contributes to resilience and social work research, in that it sets the groundwork for further empirical studies into the exploration of South African DSW resilience processes. Despite the need for further studies, my study contributes a first description of South African DSW resilience.

6.2 Furthermore, when viewing resilience literature, the research findings from Manuscript 2, and the research findings documented in Manuscript 3, there is a clear and golden thread running through what are conceptualised as processes that foster resilience. Given the small size of the AP (Manuscript 2) and the research study group of participants for Manuscript 3 (15 South African DSWs), it is interesting that their understanding and experience of resilience is mostly synonymous with international experiences and conceptualisations of the complex phenomenon of resilience. So, my study confirms the ‘ordinareness’ of resilience processes (Masten, 2001).

6.3 Although mostly similar, my study drew attention to the varied ways in which a social ecology and South African DSWs contribute to, or facilitate, DSW resilience processes. My study showed occasional equal contributions. Mostly, DSWs were more likely to initiate, or contributed more energetically, to resilience processes. Thus my study contributed a richer understanding of the differentiated contributions to DSW-context interactions and flagged the need for social ecologies to do more toward DSW resilience.

6.4 Since there is a need to develop new “technology” in the social work profession (De Vos, 2005, p. 474), developing resilience-promoting guidelines is possibly a step in the right direction. The current study provides guidelines that could (once verified with different DSW groups in South Africa) be included in resilience intervention programmes. The

value and transferability of such programmes could be evaluated through longitudinal studies.

- 6.5 The proposed guidelines, which could be incorporated in a DSW resilience-promoting intervention programme, are likely to empower South African DSWs to adjust well to workplace adversities. Such a possible outcome is likely to benefit the South African DSW community and the populations DSWs serve.

## **7. RECOMMENDATIONS FOR FUTURE STUDIES**

- 7.1 Similar research could be conducted with different groups of DSWs all over South Africa to explore similarities and differences in resilience processes as determined by context and culture. Male DSWs should be included in future studies of exploring South African DSW resilience.
- 7.2 Further investigation of other representatives of the South African DSW social ecology, in proposing South African DSW-resilience promoting guidelines should occur.
- 7.3 Focus groups with South African DSW supervisors and DSWs could be facilitated to discuss suggested resilience-promoting guidelines in order to integrate practitioner feedback into subsequent research.
- 7.4 Findings from the above studies should be incorporated in the guidelines and evaluated by means of longitudinal studies.
- 7.5 Suggested resilience-promoting guidelines for South African DSWs should be presented to a relevant advisory panel for further feedback, after which it could be incorporated in a resilience intervention programme for South African DSWs.

7.6 Parallel resilience research with DSWs in countries such as Namibia, Botswana, and Zimbabwe to explore similarities and differences within the African region could be a next step.

7.7 Comparative resilience research with DSWs in other countries such as New Zealand, Australia, Israel, India, China, the United Kingdom, and the United States of America to explore similarities and differences with those found for the African region could follow.

## **8. FINAL CONCLUSION**

A final conclusion may be that the purpose of the current study – to explore pathways of resilience in South African DSWs – was achieved. This purpose was fulfilled by exploring relevant literature on social worker risk and DSW resilience, supporting the formation of possible South African DSW resilience indicators, and exploring resilience processes from the lived experiences of 15 resilient South African DSWs. From these lived experiences, it was concluded that the 15 resilient South African DSWs adjusted well to adversities by engaging in several resilience processes, corresponding to resilience literature. Potential guidelines, informed by these research findings, were proposed within reflective supervision as a leading step towards empowering South African DSWs and DSW supervisors to possibly promote South African DSW resilience. It is the researcher’s profound hope that DSW supervisors will use these guidelines as part of an active acceptance of their duty to contribute to DSW resilience processes.

**“Life doesn’t get easier or more forgiving, we get stronger and more resilient.”**

**– Steve Maraboli, *Life, the Truth, and Being Free***